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1955/56

SIXTH ANNIVERSARY  
U. of I. GROUP PLAN

of  
**HOSPITAL-MEDICAL  
SURGICAL INSURANCE**

Exclusively for  
All Employees  
— and their families —

of  
**THE UNIVERSITY OF ILLINOIS**

at Champaign-Urbana  
1955-1956

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UNIVERSITY OF ILLINOIS



University of Illinois

Urbana, Illinois

To Members Of The Faculty And Staff:

I am pleased to announce a program of improved benefits for all participants in the University Faculty and Staff Group Hospitalization Insurance Plan effective October 1, 1955, the Sixth Anniversary of the program.

Major revisions which have been incorporated in the policy include a \$5,000 catastrophe provision in addition to base plan benefits. This provision reflects the latest trend in the health insurance field and is in keeping with the intent to provide the best insurance at a minimum of cost. Other changes include increased benefits for hospital room and board, incidental hospital expenses, emergency out-patient treatment, and maternity benefits.

This voluntary program for employees and their families offers an outstanding insurance value which The Board of Trustees of the University of Illinois, as your employer, is happy to make available for your greater protection and security.

I urge all employees who are not presently covered by the University Group Plan to review this booklet and determine for themselves the many advantages to be gained by participating in the plan.

For your convenience in enrolling, an application is attached to the back of this booklet. Complete it now, for your continued protection at all times wherever you may be.

Cordially,

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## WHO IS ELIGIBLE?

1. All full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.
2. Present employees, except those indicated under point 3 below, may enroll ONLY at the annual enrollment date of October 1, provided application for their coverage with proper remittance is RECEIVED PRIOR to that date. Enrollment will not be permitted during the policy year EXCEPT for new employees as outlined under point 3 below.
3. Employees whose contract with the University became effective on or after August 1, 1955 become eligible for this insurance at the effective date of their employment and may be insured on the first of the month following the date application with proper remittance is RECEIVED WITHIN 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60 day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.
4. Such employees enumerated above may continue to participate should they take University approved disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.
5. Employees entering retirement during the 1955-56 policy year are eligible to continue participating if they participated for at least 12 consecutive months immediately prior to the effective date of retirement. Those entering retirement subsequent to the 1955-56 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement, except those retiring in less than 5 years may have coverage after retirement provided they have participated CONTINUOUSLY (without any lapse in coverage) since October 1, 1955.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason may not be reinstated.

**6.** Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those of your spouse for whom sole support is contributed by the insured employee) over 30 days and under nineteen years of age, who are not otherwise eligible for the Student Group Plan of the University, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED. However, new dependents may be added within 60 days of attaining insurable status provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

**7.** Spouses not remarried and/or other eligible dependents as indicated above of deceased employees are eligible to continue participation.

**8.** Medical examination is not required; however, you and your eligible dependents will be covered ONLY for any injury or disease which has its inception ON or AFTER the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan.

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**THE APPLICATION**  
**on the Inside Back Cover**  
**is for the use of**  
**ONLY**  
**Those Employees Who Are Not As Yet**  
**Insured Under This**  
**U. of I. GROUP PLAN**

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## CATASTROPHE BENEFITS ARE PROVIDED . . .

The following HOSPITAL—MEDICAL—SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss *resulting directly and independently of all other causes from accidental bodily injuries sustained during the term of coverage* as to the insured or insured dependents and causing loss commencing while the coverage is in force as to the insured or insured dependents *and against loss resulting from disease contracted during the term of coverage* and causing loss commencing while the coverage is in force as to the insured or insured dependents subject to the provisions, conditions and limitations as outlined herein.

### PART I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, *the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital for a continuous period of at least twelve hours*, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$10.00 per day for such hospital residence but in no event will the company's payments exceed \$210.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease *and while in residence as an in-patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART III PHYSICIAN'S EXPENSE

If, on account of such injuries or disease *and while in residence as an in-patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$3.00 per day but in no event will the company's payments exceed \$63.00 for any one period of hospital confinement of the insured or

insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

#### PART IV SURGICAL OPERATION EXPENSE

If, on account of such injuries or disease *and while in residence as an in-patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall require surgical treatment, the company will pay the actual expense thereof not to exceed the maximum amount as specified in the Schedule of Expense Benefits for Surgical Procedures on pages 9-12.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$150.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

#### PART V MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured or insured dependent whose pregnancy is the basis of claim has been previously insured under University policy No. SRD-83953, that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former policy.

Subject thereto, if the insured or insured dependents of the insured are hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured or insured dependents, the *maximum allowance for the combined Hospital-Medical-Surgical expense* shall not exceed \$85.00 for delivery of child or children or any illness related thereto; \$170.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$42.50 for abortion or miscarriage or any illness related thereto.

#### PART VI MISCELLANEOUS OUTPATIENT EXPENSE

When by reason of accidental bodily injuries for which no expense is pay-

able under any other provision of the policy the insured or insured dependents of the insured shall be *necessarily treated in a hospital, clinic, or doctor's office within 24 hours after the occurrence of such injuries* and during the period the policy is in force as to the insured or insured dependents of the insured, the company will pay the expenses actually incurred, not to exceed in the aggregate \$25.00 as the result of any one accident. If within 30 days after the date of such injuries, the insured or insured dependent of the insured shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the total amount payable under Part II.

## PART VII

## CATASTROPHE EXPENSE

If, on account of such injuries or disease *and while in residence as an in-patient in any legally operated hospital as provided in Part I*, the insured or insured dependents of the insured shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured or insured dependent of the insured. (Maternity Expense, Part V, and the Miscellaneous Out-Patient Expense, Part VI, are to be excluded from this Part.)

## PART VIII

## EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Part VI hereof; or (b) hospital admission solely for X-ray, laboratory, electrocardiographic, basal metabolism, or other examinations relating to such injuries or disease for which hospital residence is not required, except as provided under Part VI hereof; or (c) refraction or expense of eyeglasses; or (d) loss due to dental treatment or dental surgery; or (e) any loss for disease contracted or injuries sustained previous to the policy effective date as to the insured or insured dependents of the insured; or (f) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; or (g) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as stated under Part V; or (h) care provided by a health resort or rest home; or (i) care provided by a governmental agency without cost to the insured or insured dependents of the insured; or (j) intentionally self-inflicted injuries.

## PART IX

## EFFECTIVE DATE OF INSURANCE

*The insurance of the insured and/or insured dependents of the insured shall*

*become effective on the first day of the month of the policy year following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 1 hereof.)*

## PART X                    TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically, without need for notice to the insured:
  - a. At the expiration of the period for which premium has been paid;
  - b. On the date the policy terminates; or
  - c. On the anniversary date of the policy following the date the Insured ceases to be an employee of the University, except for those employees entering retirement between October 1, 1955, and October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured shall cease automatically, without need for notice to the insured:
  - a. On the date the insurance of the insured terminates; except that in the event of death of the insured, the insurance of any insured dependent of the insured, including spouse not remarried, shall remain in force as long as the policy remains in force and premium is properly paid by such insured dependent;
  - b. On the date such person ceases to be a dependent of the insured, or marries;
  - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years; or
  - d. If a child, on the date such child becomes eligible for group insurance as a student of the University of Illinois.
3. Upon written request for cancellation by the insured, premiums will be refunded computed from the first of the month following the date written

request for cancellation is received by the University of Illinois, Insurance Office.

4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

## **CATASTROPHE PLAN . . . GROUP RATES**

	Monthly	Quarterly	Semi- Annual	Annual
Employee only.....	\$2.75	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	5.00	14.50	28.75	57.25
Employee and two or more dependents...	5.75	16.75	33.25	66.25

### **PLEASE NOTE . . .**

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New employees must elect the method of premium payment at the time of their applying for coverage.

IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.

## **HOW TO PRESENT CLAIMS . . .**

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their *itemized* bill to the Staff Insurance Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company.)

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an *itemized* statement from your attending physician or surgeon is needed. The University blue claim is *not to be* completed by the physician.
3. Payments will be made direct to the insured *unless* you properly complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report.

## HOW TO PARTICIPATE . . .

The following stated stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. *If you are already insured under the current University plan do not complete a new application.* Premium notices and new insurance certificates will be sent automatically to present participants.

2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office, send it with the correct remittance to the *Bursar's Office*, Room 100b Administration Building, Urbana.

3. Coverage for applications and proper remittances received *prior* to October 1, 1955, will become effective on that date. Coverage for applications and proper remittance received *after* that date cannot be accepted until the following annual enrollment date, except that applications by new employees employed after August 1, 1955 will be accepted if received with proper remittance within 60 days of date of employment.

4. *Only one premium notice will be mailed to the insured at each of the applicable billing dates. Failure of the insured to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.*

*Insureds whose proper remittance is not received by the end of the grace period will be considered as delinquent; such insureds will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured without right to reinstatement during the remainder of the policy year.*

5. **ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE "UNIVERSITY OF ILLINOIS."**

6. Inquiry about this protection is welcome at the Staff Insurance Office, 258 Administration, Ext. 2802, Urbana.

**SCHEDULE OF EXPENSE BENEFITS FOR  
SURGICAL PROCEDURES**

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
<b>1. ABDOMEN AND PELVIC CAVITY</b>			
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule).	\$100.00	Panhysterosalpingoophorectomy	150.00
Adhesions	100.00	Rectocele	25.00
Appendectomy	100.00	Trachelorrhaphy	50.00
Bronchoscopy, one or more	35.00	Urethrocele	25.00
Cholecystectomy	100.00	Uterus—	
Cholecystotomy	100.00	Retroversion of suspension, correction by abdominal approach	100.00
Choledochostomy	100.00	By vaginal approach	50.00
Colostomy	75.00	Vaginal Prolapse	100.00
Cystotomy	100.00		
Diverticulectomy	100.00	<b>3. AMPUTATION</b>	
Esophagoscopy	35.00	Entire foot, arm, forearm, or entire hand	50.00
Gastrectomy	100.00	Fingers or toes, each (one entire phalanx)	10.00
Gastroscopy	35.00	Leg (below knee joint)	50.00
Gastrotomy	100.00	Thigh (above knee joint)	75.00
Herniorrhaphy, Single	50.00	Thigh, including entire hip joint	100.00
Herniorrhaphy, Double	75.00		
Herniotomy, Single	50.00	<b>4. BREAST</b>	
Herniotomy, Double	75.00	Mastectomy, single	75.00
Hernia, Single—injection method (entire course of treatment)	25.00	Mastectomy, double	100.00
Hernia, Double—injection method (entire course of treatment)	37.50		
Laparotomy	100.00	<b>5. CHEST</b>	
Splenectomy	100.00	Bronchoscopy, one or more for foreign object or biopsy	35.00
Ulcer, Duodenal, Gastric, or Peptic	100.00	Cutting into thoracic cavity for diagnosis or treatment	40.00
<b>2. ABDOMEN—FEMALE SURGERY</b>			
Caruncle	15.00	Induction of artificial pneumothorax	25.00
Cervical Polyp	25.00	Pneumonectomy	150.00
Cervical Stump	50.00	Pneumolysis	40.00
Cervix, amputation	50.00	Thoracotomy	40.00
Cervix, cauterization	15.00	Thoracoplasty (complete) or removal of portion of lung	150.00
Cervix, conization	25.00		
Cervix, curettage	15.00	<b>6. CYSTS</b>	
Cervix, dilation	10.00	Bakers	20.00
Colporrhaphy	25.00	Bartholin	25.00
Cystocele	25.00	Branchial	50.00
Dilatation and curettage	25.00	Dermoid	35.00
Gilliam suspension	100.00	Ganglion	10.00
Hymenectomy	15.00	Papillomas	5.00
Hysterectomy or panhysterectomy	100.00	Pilonidal	50.00
Hysterectomy or panhysterectomy, Vaginal approach	50.00	Scalp or skin	10.00
Meatus, Fulgeration of	5.00	Sebaceous	10.00
Myomectomy	100.00	Thyroglossal	50.00
Oophorectomy	100.00	Wen	10.00
Perineorrhaphy	50.00		
Salpingectomy	100.00	<b>7. DISLOCATION, reduction of</b>	
Salpingoophorectomy	100.00	Ankle, elbow, or shoulder	25.00
Panhysteroophorectomy	100.00		
Panhysterosalpingectomy	100.00		

Description of Operation	Maximum Allowance
Bones of hand or foot.....	10.00
Collarbone, kneecap or patella.....	10.00
Hip or knee.....	35.00
Lower jaw or wrist.....	15.00
Patella or kneecap.....	15.00
Thumb, fingers or toes, one or more .....	10.00
For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	

## 8. EAR

Fenestration (one side).....	75.00
Fenestration (both sides).....	100.00
Labyrinthotomy .....	150.00
Mastoidectomy (one side).....	75.00
Mastoidectomy (both sides).....	100.00
Myringotomy .....	10.00
Polyps removal .....	10.00

## 9. EYE

Cataract needling .....	35.00
Cataract removal .....	50.00
Chalazion on eyelid.....	10.00
Corneal ulcer .....	5.00
Detached retina .....	50.00
Enucleation or evisceration .....	50.00
Foreign body removal.....	5.00
Glaucoma .....	50.00
Iridectomy .....	25.00
Keratotomy .....	25.00
Lachrimal gland or sac.....	25.00
Pterygium .....	20.00
Recession internal rectus.....	50.00
Removal of eye.....	50.00
Sclerotomy .....	25.00
Strabismus, one stage.....	35.00
Strabismus, two or more stages..	50.00
Tarsorrhaphy .....	15.00

## 10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (Tibia, fibula), Olecranon, pelvis, tibia and Fibula, spine, thigh (Femur) or vertebra or skull.....	50.00
Arm (lower), collarbone (clavicle), jaw (alveolar process excepted), shoulder blade (scapula) .....	25.00
Colles fracture, radius or ulna....	25.00
Colles fracture, wrist.....	15.00
Hand, feet, sternum or wrist.....	15.00
Nose, coccyx, rib or ribs.....	10.00
Thumb, fingers or toes, one or more .....	10.00
The amounts shown above are for simple fractures; for compound fractures the maximum amount of reimbursement will be one	

Description of Operation	Maximum Allowance
and one-half times the amount shown above for corresponding simple fracture.	
For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.	

## 11. GENITO-URINARY

Cystoscopy (one or more) .....	15.00
Cystostomy .....	75.00
Cystotomy .....	75.00
Epididymectomy .....	35.00
Hydrocele, excision, or incision and treatment of sac (tapping excepted) .....	25.00
Kidney, entire removal.....	150.00
Kidney, cutting into for stones, infection or tumor.....	100.00
Nephrectomy .....	150.00
Nephropexy .....	100.00
Nephrotomy .....	100.00
Orchidectomy .....	35.00
Orchidpexy .....	35.00
Perineoplasty .....	50.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or endoscopic means .....	25.00
Removal of tumors or stones in bladder, kidney, or ureter by open operation .....	50.00
Removal of entire prostate by open operation (complete).....	150.00
Removal of part of prostate by endoscopic means .....	40.00
by other cutting operation.....	75.00
Revision bladder neck.....	75.00
Stricture, cystoscopy for dilation to promote passage of urine....	15.00
Stricture of urethra	
open operation.....	50.00
intra-urethral cutting operation.	25.00
Stress urinary incontinence	
(Kelly ureteral plastic).....	25.00
Transurethral prostatic resection.	40.00
Varicocele, cutting operation on..	25.00
Vasectomy, partial only.....	15.00
Vasectomy (total removal).....	25.00
Vasotomy (an incision only)....	15.00

## 12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted) .....	15.00
Bunions (one or more) .....	15.00
Bursa .....	20.00
Carbuncle .....	10.00
Colpocele .....	25.00
Debridement .....	25.00
Enterocèle .....	25.00

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
Embolectomy .....	50.00	Antrum puncture .....	5.00
Exostosectomy .....	25.00	Antrum window .....	10.00
Felon .....	15.00	Bronchoscopy, one or more (removal foreign body or biopsy) ..	35.00
Foreign body under skin .....	5.00	Caldwell-Luc .....	35.00
Ganglion .....	10.00	Ethmoidectomy .....	35.00
Glands, simple .....	10.00	Frontal sinus .....	35.00
Granuloma .....	25.00	Larynx intubation .....	25.00
Lipoma .....	25.00	Larynx polyp removal .....	15.00
Myomectomy .....	25.00	Laryngectomy .....	100.00
Ulcer .....	10.00	Laryngoscopy diagnostic .....	15.00
Wen .....	10.00	Laryngoscopy operative .....	35.00
		Ligation thyroid arteries only .....	50.00
		Ligation thyroid arteries (two stage operation) .....	75.00

### 13. JOINTS AND BONES

Bone graft .....	35.00	Lobectomy .....	100.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted) .....	40.00	Neoplasma of larynx .....	75.00
Excision or fixation of ankle, elbow or wrist joints .....	25.00	Polyp, removal nasal .....	10.00
knee joint .....	75.00	Polyp, removal (bilateral) .....	20.00
Hip, sacroiliac or shoulder joints .....	100.00	Salivary calculus, removal .....	10.00
Ligaments and tendons cutting operation .....	25.00	Salivary gland removal .....	35.00
Ligaments and tendons		Sinus wash .....	5.00
grafting of tendons, one or more	50.00	Submucous resection .....	35.00
suturing of tendons, single .....	25.00	Sinus operation by cutting (puncture of antrum excepted) .....	35.00
suturing of tendons, multiple .....	40.00	Tags, tonsil .....	10.00
Patellectomy .....	75.00	Thyroidectomy, complete procedure, including removal of all thyroid arteries .....	150.00
Removal of knee cartilage .....	50.00	Thyroidectomy, partial only .....	100.00
Removal of diseased portion of bone, including curettage (alveolar process excepted) .....	40.00	Tongue tie .....	10.00
Removal of spurs		Tonsillectomy, or tonsillectomy and adenoidectomy .....	25.00
from finger or heel .....	15.00	Tracheotomy .....	35.00
from hip .....	35.00	Turbinectomy .....	15.00
Removal of portion of vertebra or vertebrae (coccyx processes excepted) .....	150.00	Uvulectomy .....	10.00
Removal of part of, or all of coccyx or vertebral process .....	50.00		
Removal of vertebral disc .....	100.00		
Rhinoplasty .....	100.00		

### 14. NERVES AND NEURO-SURGERY

Anastomosis .....	75.00
Chordotomy (unilateral or bilateral) .....	100.00
Cutting into cranial cavity (drill taps excepted) .....	150.00
Decompression .....	100.00
Laminectomy .....	150.00
Phrenectomy .....	50.00
Repair .....	25.00
Rhizotomy .....	100.00
Sympathectomy .....	100.00

### 15. NOSE AND THROAT

Adenoidectomy .....	15.00
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Description of Operation	Maximum Allowance
Antrum puncture .....	5.00
Antrum window .....	10.00
Bronchoscopy, one or more (removal foreign body or biopsy) ..	35.00
Caldwell-Luc .....	35.00
Ethmoidectomy .....	35.00
Frontal sinus .....	35.00
Larynx intubation .....	25.00
Larynx polyp removal .....	15.00
Laryngectomy .....	100.00
Laryngoscopy diagnostic .....	15.00
Laryngoscopy operative .....	35.00
Ligation thyroid arteries only .....	50.00
Ligation thyroid arteries (two stage operation) .....	75.00
Lobectomy .....	100.00
Neoplasma of larynx .....	75.00
Polyp, removal nasal .....	10.00
Polyp, removal (bilateral) .....	20.00
Salivary calculus, removal .....	10.00
Salivary gland removal .....	35.00
Sinus wash .....	5.00
Submucous resection .....	35.00
Sinus operation by cutting (puncture of antrum excepted) .....	35.00
Tags, tonsil .....	10.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries .....	150.00
Thyroidectomy, partial only .....	100.00
Tongue tie .....	10.00
Tonsillectomy, or tonsillectomy and adenoidectomy .....	25.00
Tracheotomy .....	35.00
Turbinectomy .....	15.00
Uvulectomy .....	10.00

### 16. OBSTETRICAL

Entire section (covering abortion or miscarriage, including all corrective procedure; caesarean section and delivery; delivery of child or children, including entire accouchment; extrauterine pregnancy, tubal pregnancy or ectopic; all other procedures for illness related to or due to any of the above) see Part V titled "Maternity Expense as Limited Herein."

### 17. RECTUM

Anal crypts .....	10.00
Anal dilatation .....	10.00
Anoplasty .....	25.00
Carcinoma .....	100.00
Fissure .....	10.00
Fistula .....	25.00
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure) .....	25.00
Polyp .....	15.00

Description of Operation	Maximum Allowance
Prolapsed rectum .....	25.00
Rectocele .....	25.00
Stricture of anus .....	25.00

#### 18. TUMORS

Benign .....	25.00
Bladder .....	100.00
Brain .....	150.00
Kidney .....	100.00
Malignant of face, lip, or skin....	25.00
Malignant, except of face, lip, or skin .....	100.00

#### 19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure

Description of Operation	Maximum Allowance
on all veins).....	40.00
Incision of thrombosed vein.....	10.00
Saphenous vein ligation .....	25.00

#### 20. VARIOUS-MISC.

Biopsy, if no other surgery involved .....	10.00
Paracentesis, tapping .....	10.00
Radium or x-ray therapy (each treatment) .....	5.00
Skin grafting, initial.....	25.00
Each additional grafting.....	5.00
Suturing all accidental wounds...	5.00
In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.	





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12600sp  
1956-57

U. of I. GROUP PLAN

Combining

BASIC and CATASTROPHE  
ACCIDENT and SICKNESS

INSURANCE

SEVENTH ANNIVERSARY

Exclusively for

All Employees

— and their families —

of

THE UNIVERSITY OF ILLINOIS

at Champaign-Urbana

1956-1957



For more information  
John K. F. 1956



UNIVERSITY OF ILLINOIS  
URBANA, ILLINOIS

Attention!

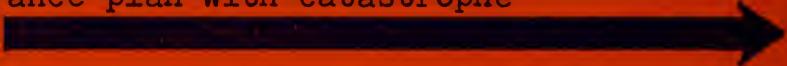
All University Staff Members

How important is accident and sickness insurance to you?

Could you afford to pay up to \$5,000 in hospital, medical and doctor bills tomorrow?  
Next week? Next month? Next year?



You say "It can't happen to me!" Maybe not, but on the opposite page are a few typical examples of the many claims paid during the past year under the University of Illinois Health Insurance plan with catastrophe coverage.



The University offers to its employees a group plan of comprehensive accident and sickness insurance fully described in this booklet. This plan is underwritten by the Continental Casualty Company, Chicago, Illinois.

Unless you can afford to gamble on the good health of every member of your family, you would do well to investigate this plan.



If you and your family are not already protected by this plan, enroll now! A brief application form is attached to the back of this booklet.

Sincerely,

*Ralph E. Fletcher, Jr.*

Ralph E. Fletcher, Jr.  
Supervisor of Insurance

I26uDsp  
1956/57

## TYPICAL HOSPITALIZATION CLAIMS PAID 1955-56

1.	96 day confinement, heart case	
	Hospital and doctor charges	\$. 1,945.50
	Amount paid by insurance	1,481.80
2.	23 day confinement, polio case	
	Hospital and surgical charges	1,736.50
	Amount paid by insurance	1,292.20
3.	41 day confinement, hip repair case	
	Hospital and surgical charges	1,437.25
	Amount paid by insurance	1,067.80
4.	50 day confinement, medical case	
	Hospital and doctor charges	1,411.80
	Amount paid by insurance	1,054.84
5.	7 day confinement, appendectomy	
	Hospital and surgical charges	358.25
	Amount paid by insurance	270.00
6.	12 day confinement, upper respiratory infection	
	Hospital and doctor charges	246.00
	Amount paid by insurance	210.00
7.	19 day confinement, pharyngitis and bronchitis	
	Hospital and doctor charges	318.90
	Amount paid by insurance	280.90
8.	8 day confinement, gallbladder removal	
	Hospital and surgical charges	434.65
	Amount paid by insurance	291.72

Over a ten-month period beginning October 1, 1955, total claim payments under the University Staff Insurance Program exceeded \$100,000.

THE LIBRARY OF THE

## **WHO IS ELIGIBLE?**

- 1.** All full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.
- 2.** Present employees, except those indicated under point 3 below, may enroll ONLY at the annual enrollment date of October 1, provided application for their coverage with proper remittance is RECEIVED PRIOR to that date. Enrollment will not be permitted during the policy year EXCEPT for new employees as outlined under point 3 below.
- 3.** Employees become eligible for this insurance at the effective date of their employment and may be insured on the first of the month following the date application with proper remittance is RECEIVED WITHIN 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

---

### **THE APPLICATION**

**on the Inside Back Cover**

**is for the use of**

**ONLY**

**Those Employees Who Are Not As Yet**

**Insured Under This**

**U. of I. GROUP PLAN**

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Such employees enumerated above may continue to participate should they take University approved disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

Employees entering retirement during the 1956-57 policy year are eligible to continue participating if they have participated continuously from October 1, 1955. Those entering retirement subsequent to the 1956-57 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement, except those retiring before October 1, 1960 may have coverage after retirement provided they have participated CONTINUOUSLY (without any lapse in coverage) since October 1, 1955.

Employees who retired prior to October 1, 1956 are eligible to continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason may not be reinstated.

Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those of your spouse for whom sole support is contributed by the insured employee) over 30 days and under nineteen years of age, who are not otherwise eligible for the Student Group Plan of the University, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED. However, new dependents may be added within 60 days of attaining insurable status provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation.

Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

## DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries sustained while the policy is in force as to the Insured or Insured Dependents and causing loss commencing while the policy is in force as to the Insured or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured or Insured Dependents of the Insured, unless the Insured or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured or Insured Dependent becomes hospital confined, except coverage shall be applicable for any period of hospital confinement commencing while the policy is in force as to employees becoming eligible after the effective date of the policy and who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations as outlined herein.

## Part I HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital for a continuous period of at least twelve hours, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$10.00 per day for such hospital residence but in no event will the company's payments exceed \$210.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

PART II MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

## PART III

## PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$3.00 per day but in no event will the company's payments exceed \$63.00 for any one period of hospital confinement of the insured or insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

## PART IV

## SURGICAL OPERATION EXPENSE

If, on account of such disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall require surgical treatment, the company will pay the actual expense thereof not to exceed the maximum amount as specified in the Schedule of Expense Benefits for Surgical Procedures on pages 11-14.

If, on account of such injuries and during the period the policy is in force as to the Insured or Insured Dependents of the Insured or while in residence as an in-patient in any legally operated hospital as provided in Part I, the Insured or Insured Dependents of the Insured shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Expense Benefits for Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$150.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

## PART V MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured or insured dependent whose pregnancy is the basis of claim has been previously insured under University policy No. SRD-128087, that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former policy.

Subject thereto, if the insured or insured dependents of the insured are hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense shall not exceed \$85.00 for delivery of child or children or any illness related thereto; \$170.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$42.50 for abortion or miscarriage or any illness related thereto.

## PART VI MISCELLANEOUS OUTPATIENT EXPENSE-ACCIDENT

When by reason of accidental bodily injuries for which no expense is payable under any other provision of the policy the insured or insured dependents of the insured shall be necessarily treated in a hospital, clinic, or doctor's office within 24 hours after the occurrence of such injuries and during the period the policy is in force as to the insured or insured dependents of the insured, the company will pay the expenses actually incurred therefor, in that 24-hour period, of the type outlined in Part II hereof, including physician's expenses, not to exceed in the aggregate \$25.00 as the result of any one accident. If within 30 days after the date of such injuries, the insured or insured dependent of the insured shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the total amount payable under Part II.

## PART VII CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured or insured dependent of the insured. (Maternity Expense, Part V, and the Miscellaneous Out-Patient Expense, Part VI, are to be excluded from this Part.)

## PART VIII EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery;

(d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured or insured dependents of the insured; or (h) intentionally self-inflicted injuries.

## PART IX                    EFFECTIVE DATE OF INSURANCE

The insurance of the insured and/or insured dependents of the insured shall become effective on the first day of the month of the policy year following the date application therefor and proper remittance are received by the University.

(Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof.)

## PART X                    TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically, without need for notice to the insured:
  - a. At the expiration of the period for which premium has been paid;
  - b. On the date the policy terminates; or
  - c. On the anniversary date of the policy following the date the Insured ceases to be an employee of the University, except for those employees who entered retirement prior to October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured shall cease automatically, without need for notice to the insured:
  - a. On the date the insurance of the insured terminates; except that in the event of death of the insured, the insurance of any insured dependent of the insured, including spouse not remarried, shall remain

in force as long as the policy remains in force and premium is properly paid by such insured dependent;

- b. On the date such person ceases to be a dependent of the insured, or marries;
- c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years; or
- d. If a child, on the date such child becomes eligible for group insurance as a student of the University of Illinois.

3. Upon written request for cancellation by the insured, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

### **COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES**

	Monthly (Any Date)	*Quarterly (Oct., Jan., Apr., July)	Annual (Oct. & Apr.)	*Semi- Annual (Oct.)	*Annual
Employee only .....	\$2.75	\$ 7.75	\$15.25	\$30.25	
Employee and one dependent.....	5.00	14.50	28.75		57.25
Employee and two or more dependents.....	5.75	16.75	33.25		66.25

\* Call 2802 for premium due, if enrolling at date other than specified.

#### **PLEASE NOTE . . .**

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New employees must elect the method of premium payment at the time of their applying for coverage; if electing to pay either quarterly, semi-annually or annually at other than the dates specified above, call the Insurance Office for premium due.

**IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.**

### **HOW TO PRESENT CLAIMS . . .**

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these

forms) and forward it along with their itemized bill to the Staff Insurance Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company.)

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The University blue claim is not to be completed by the physician.
3. Payments will be made direct to the insured unless you properly complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report. Only the employee's own authentic signature will be honored.

## **HOW TO PARTICIPATE . . .**

The following stated stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.

2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office, send it with the correct remittance to the Bursar's Office, Room 100b, Administration Building, Urbana.

3. Coverage for applications and proper remittances received prior to October 1, 1956, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days of date of employment.

Only one premium notice will be mailed to the insured at each of the applicable billing dates. Failure of the insured to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

**4.**

Insureds whose proper remittance is not received by the end of the grace period will be considered as delinquent; such insureds will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured without right to reinstatement during the remainder of the policy year.

**5.** ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE  
"UNIVERSITY OF ILLINOIS."

**6.** Inquiry about this protection is welcome at the Staff Insurance Office, 258 Administration, Ext. 2802, Urbana.

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**THE APPLICATION**

**on the Inside Back Cover**

**is for the use of**

**ONLY**

**Those Employees Who Are Not As Yet  
Insured Under This  
U. of I. GROUP PLAN**

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**SCHEDULE OF EXPENSE BENEFITS FOR  
SURGICAL PROCEDURES**

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
<b>1. ABDOMEN AND PELVIC CAVITY</b>			
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule)	\$100.00	Panhysterosalpingoophorectomy	150.00
Adhesions	100.00	Rectocele	25.00
Appendectomy	100.00	Trachelorrhaphy	50.00
Bronchoscopy, one or more	35.00	Urethrocele	25.00
Cholecystectomy	100.00	Uterus—	
Cholecystotomy	100.00	Retroversion of suspension, correction by abdominal approach	100.00
Choledochostomy	100.00	By vaginal approach	50.00
Colostomy	75.00	Vaginal Prolapse	100.00
Cystotomy	100.00	<b>3. AMPUTATION</b>	
Diverticulectomy	100.00	Entire foot, arm, forearm, or entire hand	50.00
Esophagoscopy	35.00	Fingers or toes, each (one entire phalanx)	10.00
Gastrectomy	100.00	Leg (below knee joint)	50.00
Gastroscopy	35.00	Thigh (above knee joint)	75.00
Gastrotomy	100.00	Thigh, including entire hip joint	100.00
Herniorrhaphy, Single	50.00	<b>4. BREAST</b>	
Herniorrhaphy, Double	75.00	Mastectomy, single	75.00
Herniotomy, Single	50.00	Mastectomy, double	100.00
Herniotomy, Double	75.00	<b>5. CHEST</b>	
Hernia, Single—injection method (entire course of treatment)	25.00	Bronchoscopy, one or more for foreign object or biopsy	35.00
Hernia, Double—injection method (entire course of treatment)	37.50	Cutting into thoracic cavity for diagnosis or treatment	40.00
Laparotomy	100.00	Induction of artificial pneumothorax	25.00
Splenectomy	100.00	Pneumonectomy	150.00
Ulcer, Duodenal, Gastric, or Peptic	100.00	Pneumolysis	40.00
<b>2. ABDOMEN—FEMALE SURGERY</b>			
Caruncle	15.00	Thoracotomy	40.00
Cervical Polyp	25.00	Thoracoplasty (complete) or removal of portion of lung	150.00
Cervical Stump	50.00	<b>6. CYSTS</b>	
Cervix, amputation	50.00	Bakers	20.00
Cervix, cauterization	15.00	Bartholin	25.00
Cervix, conization	25.00	Branchial	50.00
Cervix, curettage	15.00	Dermoid	35.00
Cervix, dilation	10.00	Ganglion	10.00
Colporrhaphy	25.00	Papillomas	5.00
Cystocele	25.00	Pilonidal	50.00
Dilatation and curettage	25.00	Scalp or skin	10.00
Billiam suspension	100.00	Sebaceous	10.00
Hymenectomy	15.00	Thyroglossal	50.00
Hysterectomy or panhysterectomy	100.00	Wen	10.00
Hysterectomy or panhysterectomy, Vaginal approach	50.00	<b>7. DISLOCATION, reduction of</b>	
Meatus, Fulgeration of	5.00	Ankle, elbow, or shoulder	25.00
Myomectomy	100.00		
Oophorectomy	100.00		
Perineorrhaphy	50.00		
Salpingectomy	100.00		
Salpingoophorectomy	100.00		
Panhysterooophorectomy	100.00		
Panhysterosalpingectomy	100.00		

Description of Operation	Maximum Allowance
Bones of hand or foot.....	10.00
Collarbone, kneecap or patella.....	10.00
Hip or knee.....	35.00
Lower jaw or wrist.....	15.00
Patella or kneecap.....	15.00
Thumb, fingers or toes, one or more .....	10.00
For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	

## 8. EAR

Fenestration (one side).....	75.00
Fenestration (both sides).....	100.00
Labyrinthotomy .....	150.00
Mastoidectomy (one side).....	75.00
Mastoidectomy (both sides).....	100.00
Myringotomy .....	10.00
Polyps removal .....	10.00

## 9. EYE

Cataract needling .....	35.00
Cataract removal .....	50.00
Chalazion on eyelid.....	10.00
Corneal ulcer .....	5.00
Detached retina .....	50.00
Enucleation or evisceration .....	50.00
Foreign body removal.....	5.00
Glaucoma .....	50.00
Iridectomy .....	25.00
Keratotomy .....	25.00
Lachrimal gland or sac.....	25.00
Pterygium .....	20.00
Recession internal rectus.....	50.00
Removal of eye .....	50.00
Sclerotomy .....	25.00
Strabismus, one stage.....	35.00
Strabismus, two or more stages..	50.00
Tarsorrhaphy .....	15.00

## 10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (Tibia, fibula), Olecranon, pelvis, tibia and Fibula, spine, thigh (Femur) or vertebra or skull.....	50.00
Arm (lower), collarbone (clavicle), jaw (alveolar process excepted), shoulder blade (scapula) .....	25.00
Colles fracture, radius or ulna....	25.00
Colles fracture, wrist.....	15.00
Hand, feet, sternum or wrist.....	15.00
Nose, coccyx, rib or ribs.....	10.00
Thumb, fingers or toes, one or more .....	10.00
The amounts shown above are for simple fractures; for compound fractures the maximum amount of reimbursement will be one	

Description of Operation	Maximum Allowance
and one-half times the amount shown above for corresponding simple fracture.	
For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.	

## 11. GENITO-URINARY

Cystoscopy (one or more).....	15.00
Cystostomy .....	75.00
Cystotomy .....	75.00
Epididymectomy .....	35.00
Hydrocele, excision, or incision and treatment of sac (tapping excepted) .....	25.00
Kidney, entire removal.....	150.00
Kidney, cutting into for stones, infection or tumor.....	100.00
Nephrectomy .....	150.00
Nephropexy .....	100.00
Nephrotomy .....	100.00
Orchidectomy .....	35.00
Orchidopexy .....	35.00
Perineoplasty .....	50.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or endoscopic means .....	25.00
Removal of tumors or stones in bladder, kidney, or ureter by open operation .....	50.00
Removal of entire prostate by open operation (complete) .....	150.00
Removal of part of prostate by endoscopic means .....	40.00
by other cutting operation.....	75.00
Revision bladder neck.....	75.00
Stricture, cystoscopy for dilation to promote passage of urine....	15.00
Stricture of uretha	
open operation.....	50.00
intra-urethral cutting operation.....	25.00
Stress urinary incontinence	
(Kelly ureteral plastic) .....	25.00
Transurethral prostatic resection.....	40.00
Varicocele, cutting operation on..	25.00
Vasectomy, partial only .....	15.00
Vasectomy (total removal).....	25.00
Vasotomy (an incision only) .....	15.00

## 12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted) .....	15.00
Bunions (one or more).....	15.00
Bursa .....	20.00
Carbuncle .....	10.00
Colpocele .....	25.00
Debridement .....	25.00
Enterocoele .....	25.00

Description of Operation	Maximum Allowance
Embolectomy	50.00
Exostosectomy	25.00
Felon	15.00
Foreign body under skin	5.00
Ganglion	10.00
Glands, simple	10.00
Granuloma	25.00
Lipoma	25.00
Myomectomy	25.00
Ulcer	10.00
Wen	10.00

### 13. JOINTS AND BONES

Bone graft	35.00
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted)	40.00
Excision or fixation of ankle, elbow or wrist joints	25.00
knee joint	75.00
Hip, sacroiliac or shoulder joints	100.00
Ligaments and tendons cutting operation	25.00
Ligaments and tendons	
grafting of tendons, one or more	50.00
suturing of tendons, single	25.00
suturing of tendons, multiple	40.00
Patelectomy	75.00
Removal of knee cartilage	50.00
Removal of diseased portion of bone, including curettage (alveolar process excepted)	40.00
Removal of spurs	
from finger or heel	15.00
from hip	35.00
Removal of portion of vertebra or vertebrae (coccyx processes excepted)	150.00
Removal of part of, or all of coccyx or vertebral process	50.00
Removal of vertebral disc	100.00
Rhinoplasty	100.00

### 14. NERVES AND NEURO-SURGERY

Anastomosis	75.00
Chordotomy (unilateral or bilateral)	100.00
Cutting into cranial cavity (drill taps excepted)	150.00
Decompression	100.00
Laminectomy	150.00
Phrenectomy	50.00
Repair	25.00
Rhizotomy	100.00
Sympathectomy	100.00

### 15. NOSE AND THROAT

Adenoidectomy	15.00
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Description of Operation	Maximum Allowance
Antrum puncture	5.00
Antrum window	10.00
Bronchoscopy, one or more (removal foreign body or biopsy)	35.00
Caldwell-Luc	35.00
Ethmoidectomy	35.00
Frontal sinus	35.00
Larynx intubation	25.00
Larynx polyp removal	15.00
Laryngectomy	100.00
Laryngoscopy diagnostic	15.00
Laryngoscopy operative	35.00
Ligation thyroid arteries only	50.00
Ligation thyroid arteries (two stage operation)	75.00
Lobectomy	100.00
Neoplasma of larynx	75.00
Polyp, removal nasal	10.00
Polyp, removal (bilateral)	20.00
Salivary calculus, removal	10.00
Salivary gland removal	35.00
Sinus wash	5.00
Submucous resection	35.00
Sinus operation by cutting (puncture of antrum excepted)	35.00
Tags, tonsil	10.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries	150.00
Thyroidectomy, partial only	100.00
Tongue tie	10.00
Tonsillectomy, or tonsillectomy and adenoidectomy	25.00
Tracheotomy	35.00
Turbinatectomy	15.00
Uvulectomy	10.00

### 16. OBSTETRICAL

Entire section (covering abortion or miscarriage, including all corrective procedure; caesarean section and delivery; delivery of child or children, including entire accouchment; extrauterine pregnancy, tubal pregnancy or ectopic; all other procedures for illness related to or due to any of the above) see Part V titled "Maternity Expense as Limited Herein."

### 17. RECTUM

Anal crypts	10.00
Anal dilatation	10.00
Anoplasty	25.00
Carcinoma	100.00
Fissure	10.00
Fistula	25.00
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	25.00
Polyp	15.00



**FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,  
ACCIDENT AND SICKNESS INSURANCE**

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee \_\_\_\_\_

Last Name \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_

2. Local Home Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Phone \_\_\_\_\_

3. University Address \_\_\_\_\_

Room and Bldg. \_\_\_\_\_

Dept. \_\_\_\_\_

Employment \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Ext. \_\_\_\_\_

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?  
(Details of all exceptions must be noted.)

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Children \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

6. This insurance becomes effective for presently uninsured employees on Oct. 1, 1956, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Call 2802 for premium due if enrolling at date other than as specified)

Employee Only.....	MONTHLY (Any Date)	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee and one dependent.....	\$2.75	\$7.75	\$15.25	\$30.25
Employee and two or more dependents.....	5.00	14.50	28.75	57.25
	5.75	16.75	33.25	66.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed \_\_\_\_\_ Signature of Employee \_\_\_\_\_

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
Bursar's Office, 100b Administration Bldg., Urbana.

## CLAIM RECORD

Type of Illness \_\_\_\_\_

Type of Surgery --

SRX-1834



SRA-6734-C

**COMPLETE IN DETAIL—PRINT CLEARLY OR TYPE**

**FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,  
ACCIDENT AND SICKNESS INSURANCE**

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

<b>1. Employee</b>	<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Sex</b>	<b>Age</b>
<b>2. Local Home Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Phone</b>	
<b>3. University Address</b>	<b>Room and Bldg.</b>	<b>Dept.</b>	<b>Employment Date</b>	<b>Phone Ext.</b>	
<b>4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?</b>					
(Details of all exceptions must be noted.)					

5. What Immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse \_\_\_\_\_ Children \_\_\_\_\_

6. This insurance becomes effective for presently uninsured employees on Oct. 1, 1956, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance, if within 60 days of hire.

7. PREMIUM RATES (Coll 2802 for premium due if enrolling at date other than as specified)	MONTHLY (Any Date)	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
	\$ 2.75	\$ 7.75	\$15.25	\$30.25
Employee Only.....	5.00	14.50	28.75	57.25
Employee and one dependent.....	5.75	16.75	33.25	66.25
Employee and two or more dependents.....				

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed \_\_\_\_\_ Signature of Employee \_\_\_\_\_  
10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
Bursar's Office, 1001 Administration Building, Urbana, Illinois.



C  
IL 6u Dsp  
1957/58

U. of I. GROUP PLAN  
Combining  
**BASIC and CATASTROPHE**  
**ACCIDENT and SICKNESS**  
**INSURANCE**  
EIGHTH ANNIVERSARY

Exclusively for  
All Employees  
— and their families —

of

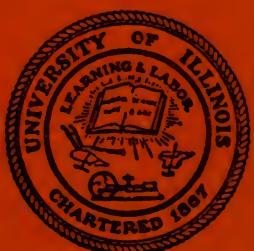
**THE UNIVERSITY OF ILLINOIS**

at Champaign-Urbana

1957-1958



1957





UNIVERSITY OF ILLINOIS  
URBANA, ILLINOIS

Attention!

All University Staff Members

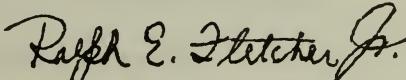
The University is pleased to announce the continuation of its group health insurance program after its eighth successive year of operation.

This voluntary program offers to the employees of the University of Illinois an excellent comprehensive accident and sickness insurance program. The coverage, which will be underwritten by The Bankers Life and Casualty Company, Chicago, Illinois, is fully described in this booklet.

All employees who are not presently covered by the University Group Plan are urged to review the plan carefully and determine for themselves the outstanding insurance value which is made available for their greater protection and security.

For convenience in enrolling, an application is attached to the back of this booklet. Don't delay, complete your application today.

Sincerely,



Ralph E. Fletcher, Jr.  
Supervisor of Insurance

## **WHO IS ELIGIBLE?**

- 1.** All full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.
- 2.** Present employees, except those indicated under point 3 below, may enroll ONLY at the annual enrollment date of October 1, provided application for their coverage with proper remittance is RECEIVED PRIOR to that date. Enrollment will not be permitted during the policy year EXCEPT for new employees as outlined under point 3 below.
- 3.** Employees become eligible for this insurance at the effective date of their employment and may be insured on the first of the month following the date application with proper remittance is RECEIVED WITHIN 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

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**THE APPLICATION**  
**on the Inside Back Cover**  
**is for the use of**  
**ONLY**  
**Those Employees Who Are Not As Yet**  
**Insured Under This**  
**U. of I. GROUP PLAN**

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Such employees enumerated above may continue to participate should they take University approved leave, disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

Employees entering retirement during the 1957-58 policy year are eligible to continue participating if they have participated continuously from October 1, 1955. Those entering retirement subsequent to the 1957-58 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement, except those retiring before October 1, 1960 may have coverage after retirement provided they have participated CONTINUOUSLY (without any lapse in coverage) since October 1, 1955.

Employees who retired prior to October 1, 1957 are eligible to continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason may not be reinstated.

Spouses of employees, not divorced or separated, and unmarried, dependent children (your own and those of your spouse for whom sole support is contributed by the insured employee) under nineteen years of age, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED. However, new dependents may be added within 60 days of attaining insurable status provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation so long as they make premium payments when due. If they allow coverage to lapse at any time for any reason they may not be reinstated.

Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

Neither employees nor their dependents can be participants in both the staff and student insurance programs.

## DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries sustained while the policy is in force as to the Insured or Insured Dependents and causing loss commencing while the policy is in force as to the Insured or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured or Insured Dependents of the Insured, unless the Insured or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured or Insured Dependent becomes hospital confined, except coverage shall be applicable for any period of hospital confinement commencing while the policy is in force as to employees who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations as outlined herein.

### PART I

### HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital for a continuous period of at least twelve hours, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$10.00 per day for such hospital residence but in no event will the company's payments exceed \$210.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART II

### MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$3.00 per day but in no event will the company's payments exceed \$63.00 for any one period of hospital confinement of the insured or insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

If, on account of such injuries or disease and during the period the policy is in force as to the Insured or Insured Dependents of the Insured, the Insured or Insured Dependents of the Insured shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Expense Benefits for Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$225.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured or insured dependent whose pregnancy is the basis of claim has been previously and continuously insured under the University policy that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former policy.

Subject thereto, if the insured or insured dependents of the insured are hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in-force as to the insured or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense for mother and child shall not exceed \$85.00 for delivery of child or children or any illness related thereto; \$170.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$42.50 for abortion or miscarriage or any illness related thereto.

## PART VI

### MISCELLANEOUS OUTPATIENT EXPENSE-ACCIDENT

When by reason of accidental bodily injuries for which no expense is payable under any other provision of the policy the insured or insured dependents of the insured shall be necessarily treated in a hospital, clinic, doctor's office, or at home within 7 days after the occurrence of such injuries and during the period the policy is in force as to the insured or insured dependents of the insured, the company will pay the expenses actually incurred therefor, in that 7 day period, of the type outlined in Part II hereof, including physician's expenses, not to exceed in the aggregate \$25.00 as the result of any one accident. If within 30 days after the date of such injuries, the insured or insured dependent of the insured shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the total amount payable under Part II.

## PART VII

### CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured or insured dependent of the insured. (Maternity Expense, Part V, and the Miscellaneous Out-Patient Expense, Part VI, are to be excluded from this Part.)

## PART VIII

### EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery,

except under Parts I, II and VI hereof; (d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these except as stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured or insured dependents of the insured; or (h) intentionally self-inflicted injuries.

## PART IX                    EFFECTIVE DATE OF INSURANCE

The insurance of the insured and/or insured dependents of the insured shall become effective on the first day of the month of the policy year following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof.)

## PART X                    TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically, without need for notice to the insured:
  - a. At the expiration of the period for which premium has been paid;
  - b. On the date the policy terminates; or
  - c. On the anniversary date of the policy following the date the Insured ceases to be an employee of the University, except for those employees who entered retirement prior to October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured shall cease automatically, without need for notice to the insured:
  - a. On the date the insurance of the insured terminates; except that in the event of death of the insured, the insurance of any insured dependent of the insured, including spouse not remarried, shall remain in force as

long as the policy remains in force and premium is properly paid by such insured dependent;

- b. On the date such person ceases to be a dependent of the insured, or marries;
- c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.

3. Upon written request for cancellation by the insured, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

### **COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES**

	* Quarterly (Oct., Jan., Apr., July)	* Semi- Annual (Oct. & Apr.)	* Annual (Oct.)
Employee only .....	\$ 7.75	\$15.25	\$30.25
Employee and one dependent .....	14.50	28.75	57.25
Employee and two or more dependents .....	16.75	33.25	66.25

\* Call 2802 for premium due, if enrolling at date other than specified.

#### **PLEASE NOTE . . .**

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New employees must elect the method of premium payment at the time of their applying for coverage; if electing to pay at other than the dates specified above, call the Insurance Office for premium due.

**IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.**

#### **HOW TO PRESENT CLAIMS . . .**

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their itemized bill to the Staff Insurance

Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company).

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The University blue claim is not to be completed by the physician, except in cases of outpatient treatment rendered away from a hospital.
3. Payments will be made direct to the insured unless you properly complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report. Only the employee's own authentic signature will be honored.

## **HOW TO PARTICIPATE . . .**

The following stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

**1.** If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.

**2.** Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office and send it with the correct remittance to the Bursar's Office, Room 100b, Administration Building, Urbana.

**3.** Coverage for applications and proper remittances received prior to October 1, 1957, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days of date of employment.

4. Only one premium notice will be mailed to the insured at each of the applicable billing dates. Failure of the insured to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

Insureds whose proper remittance is not received by the end of the five day grace period will be considered as delinquent; such insureds will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured without right to reinstatement during the remainder of the policy year.

5. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE  
"UNIVERSITY OF ILLINOIS."

6. Inquiry about this protection is welcome at the Staff Insurance Office,  
258 Administration, Ext. 2802, Urbana.

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**THE APPLICATION**  
**on the Inside Back Cover**  
**is for the use of**  
**ONLY**  
**Those Employees Who Are Not As Yet**  
**Insured Under This**  
**U. of I. GROUP PLAN**

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## PART IV (page 5) Continued

### SCHEDULE OF EXPENSE BENEFITS FOR SURGICAL PROCEDURES

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
<b>1. ABDOMEN AND PELVIC CAVITY</b>			
Cutting for diagnosis or treatment of organs therein (unless other- wise specified in this schedule)	\$150.00		
Adhesions .....	150.00	Panhysterosalpingo-oophorectomy	225.00
Appendectomy .....	150.00	Rectocele .....	37.50
Bronchoscopy, one or more .....	52.50	Trachelorraphy .....	75.00
Cholecystectomy .....	150.00	Urethrocele .....	37.50
Cholecystotomy .....	150.00	Uterus —	
Choledochostomy .....	150.00	Retroversion or suspension, cor- rection by abdominal approach	150.00
Colostomy .....	112.50	By vaginal approach .....	75.00
Cystotomy .....	150.00	Vaginal Prolapse .....	150.00
Diverticulectomy .....	150.00		
Gastrectomy .....	150.00	<b>3. AMPUTATION</b>	
Gastroscopy .....	52.50	Entire foot, arm, forearm, or entire hand .....	75.00
Gastrotomy .....	150.00	Fingers or toes, each (One entire phalanx) .....	15.00
Herniorrhaphy, Single .....	75.00	Leg (below knee joint) .....	75.00
Herniorrhaphy, Double .....	112.50	Thigh (above knee joint) .....	112.50
Herniotomy, Single .....	75.00	Thigh, including entire hip joint .....	150.00
Herniotomy, Double .....	112.50		
Hernia, Single-injection method (entire course of treatment) .....	37.50	<b>4. BREAST</b>	
Hernia, Double-injection method (entire course of treatment) .....	56.25	Mastectomy, single .....	112.50
Laparotomy .....	150.00	Mastectomy, double .....	150.00
Splenectomy .....	150.00		
Ulcer, Duodenal, Gastric or Peptic .....	150.00	<b>5. CHEST</b>	
<b>2. ABDOMEN - FEMALE SURGERY</b>			
Caruncle .....	22.50	Bronchoscopy, one or more for foreign object or biopsy .....	52.50
Cervical Polyp .....	37.50	Cutting into thoracic cavity for diagnosis or treatment .....	60.00
Cervical Stump .....	75.00	Induction of artificial pneumothorax .....	37.50
Cervix, amputation .....	75.00	Lobectomy .....	150.00
Cervix, cauterization .....	22.50	Pneumonectomy .....	225.00
Cervix, conization .....	37.50	Pneumolysis .....	60.00
Cervix, curettage .....	22.50	Thoracotomy .....	60.00
Cervix, dilation .....	15.00	Thoracoplasty (complete) or removal of portion of lung .....	225.00
Colporrhaphy .....	37.50		
Cystocele .....	37.50	<b>6. CYSTS</b>	
Dilatation and curettage .....	37.50		
Giiliam Suspension .....	150.00	Bakers .....	30.00
Hymenectomy .....	22.50	Bartholin .....	37.50
Hysterectomy or panhysterectomy .....	150.00	Branchial .....	75.00
Hysterectomy or panhysterectomy Vaginal approach .....	75.00	Dermoid .....	52.50
Meatus, Fulguration of .....	7.50	Ganglion .....	15.00
Myomectomy .....	150.00	Papillomas .....	7.50
Oophorectomy .....	150.00	Pilonidal .....	75.00
Perineorrhaphy .....	75.00	Scalp or skin .....	15.00
Salpingectomy .....	150.00	Sebaceous .....	15.00
Salpingo-oophorectomy .....	150.00	Thyroglossal .....	75.00
Panhysteroophorectomy .....	150.00	Wen .....	15.00
Panhysterosalpingectomy .....	150.00		

Description of Operation	Maximum Allowance
<b>7. DISLOCATION, reduction of</b>	
Ankle, elbow, or shoulder .....	37.50
Bones of hand or foot .....	15.00
Collarbone .....	15.00
Hip or knee .....	52.50
Lower jaw or wrist .....	22.50
Patella or kneecap .....	22.50
Thumb, fingers or toes, one or more .....	15.00
For dislocations requiring an open operation, maximum reim- bursement will be twice the amount shown above.	

## 8. EAR

Fenestration (one side) .....	112.50
Fenestration (both sides) .....	150.00
Labyrinthotomy .....	225.00
Mastoidectomy (one side) .....	112.50
Mastoidectomy (both sides) .....	150.00
Myringotomy .....	15.00
Polyps, Removal .....	15.00

## 9. EYE

Cataract needling .....	52.50
Cataract removal .....	75.00
Chalazion on eyelid .....	15.00
Corneal ulcer .....	7.50
Detached retina .....	75.00
Enucleation or evisceration .....	75.00
Foreign body removal .....	7.50
Glaucoma .....	75.00
Iridectomy .....	37.50
Keratotomy .....	37.50
Lachrimal gland or sac .....	37.50
Pterygium .....	30.00
Removal of eye .....	75.00
Sclerotomy .....	37.50
Strabismus, one stage .....	52.50
Strabismus, two or more stages .....	75.00
Tarsorrhaphy .....	22.50

## 10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (tibia, fibula), olecranon, pelvis, tibia and fibula, spine, thigh (femur) or vertebra or skull .....	75.00
Arm (lower), collarbone (clavicle), jaw (alveolar process excepted), shoulder blade (scapula) .....	37.50
Colles fracture, radius or ulna .....	37.50
Colles fracture, wrist .....	22.50
Hand, feet, sternum or wrist .....	22.50
Nose, coccyx, rib or ribs .....	15.00
Thumb, fingers or toes, one or more .....	15.00
The amounts shown above are for	

simple fractures; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown above for the corresponding simple fracture.

For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.

## 11. GENITO-URINARY

Cystoscopy (one or more) .....	22.50
Cystostomy .....	112.50
Cystotomy .....	112.50
Epididymectomy .....	52.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted) .....	37.50
Kidney, entire removal .....	225.00
Kidney, cutting into for stones, infection or tumor .....	150.00
Nephrectomy .....	225.00
Nephropexy .....	150.00
Nephrotomy .....	150.00
Orchidectomy .....	52.50
Orchidopexy .....	52.50
Perineoplasty .....	75.00
Removal of tumors or stones in bladder, kidney or ureter by crushing, cauterization or endo- scopic means .....	37.50
Removal of tumors or stones in bladder, kidney, or ureter by open operation .....	75.00
Removal of entire prostate by open operation (complete) ..	225.00
Removal of part of prostate by endoscopic means .....	60.00
by other cutting operation .....	112.50
Revision bladder neck .....	112.50
Stricture, cystoscopy for dilation to promote passage of urine .....	22.50
Stricture of urethra open operation .....	75.00
Intra-urethral cutting operation .....	37.50
Stress urinary incontinence (Kelly ureteral plastic) .....	37.50
Transurethral prostatic resection .....	60.00
Varicocele, cutting operation on .....	37.50
Vasectomy, partial only .....	22.50
Vasectomy (total removal) .....	37.50
Vasotomy (an incision only) .....	22.50

## 12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted) .....	22.50
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Description of Operation	Maximum Allowance
Bunions (one or more) .....	22.50
Bursa .....	30.00
Carbuncle .....	15.00
Colpocele .....	37.50
Debridement .....	37.50
Enterocèle .....	37.50
Embolectomy .....	75.00
Exostosectomy .....	37.50
Felon .....	22.50
Foreign body under skin .....	7.50
Ganglion .....	15.00
Glands, simple .....	15.00
Granuloma .....	37.50
Lipoma .....	37.50
Myomectomy .....	37.50
Ulcer .....	15.00
Wen .....	15.00

### 13. JOINTS AND BONES

Bone graft .....	52.50
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted) .....	60.00
Excision or fixation of ankle, elbow or wrist joints knee joints .....	37.50
Hip, Sacroiliac or shoulder joints .....	112.50
Hip, Sacroiliac or shoulder joints	150.00
Ligaments and tendons cutting operation .....	37.50
Ligaments and tendons, grafting of tendons, one or more .....	75.00
Suturing of tendons, single .....	37.50
Suturing of tendons, multiple .....	60.00
Patellectomy .....	112.50
Removal of knee cartilage .....	75.00
Removal of diseased portion of bone, including curettage (alveolar processes excepted) .....	60.00
Removal of spurs from finger or heel .....	22.50
from hip .....	52.50
Removal of portion of vertebra or vertebrae (coccyx processes excepted) .....	225.00
Removal of part of, or all of coccyx or vertebral process .....	75.00
Removal of vertebral disc .....	150.00
Rhinoplasty .....	150.00

### 14. NERVES AND NEURO-SURGERY

Anastomosis .....	112.50
Chordotomy (Unilateral or bilateral) .....	150.00
Cutting into cranial cavity (drills taps excepted) .....	225.00
Decompression .....	150.00
Laminectomy .....	225.00
Phrenectomy .....	75.00

Description of Operation	Maximum Allowance
Repair .....	37.50
Rhizotomy .....	150.00
Sympathectomy .....	150.00

### 15. NOSE AND THROAT

Adenoectomy .....	22.50
Antrum puncture .....	7.50
Antrum window .....	15.00
Bronchoscopy, one or more, (removal foreign body or biopsy) .....	52.50
Caldwell-Luc .....	52.50
Esophagoscopy .....	52.50
Ethmoidectomy .....	52.50
Frontal sinus .....	52.50
Larynx intubation .....	37.50
Larynx polyp removal .....	22.50
Laryngectomy .....	150.00
Laryngoscopy diagnostic .....	22.50
Laryngoscopy operative .....	52.50
Ligation thyroid arteries only .....	75.00
Ligation thyroid arteries (two stage operation) .....	112.50
Neoplasma of larynx .....	112.50
Polyp, removal nasal .....	15.00
Polyp, removal (bilateral) .....	30.00
Salivary calculus, removal .....	15.00
Salivary gland removal .....	52.50
Sinus wash .....	7.50
Submucous resection .....	52.50
Sinus operation by cutting (puncture of antrum excepted) .....	52.50
Tags, tonsil .....	15.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries .....	225.00
Thyroidectomy, partial only .....	150.00
Tongue tie .....	15.00
Tonsillectomy, or tonsillectomy and adenoidectomy .....	37.50
Tracheotomy .....	52.50
Turbinectomy .....	22.50
Uvulectomy .....	15.00

### 16. OBSTETRICAL

Entire section (covering abortion or miscarriage, including all corrective procedure; caesarean section and delivery; delivery of child or children, including entire accouchment; extrauterine pregnancy, tubal pregnancy or ectopic; all other procedures for illness related to or due to any of the above). See part V titled "maternity expense as limited herein".

### 17. RECTUM

Anal crypts .....	15.00
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Description of Operation	Allowance Maximum
Anal dilatation	15.00
Anaplasty	32.50
Carcinoma	150.00
Fissure	15.00
Fistula	37.50
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	37.50
Polyp	22.50
Prolapsed rectum	37.50
Rectocele	37.50
Stricture of Anus	37.50

## 18. TUMORS

Benign	\$ 37.50
Bladder	150.00
Brain	225.00
Kidney	150.00
Malignant of face, lip or skin	37.50

Description of Operation	Maximum Allowance
Malignant, except of face, lip or skin	150.00

## 19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure on all veins)	60.00
Incision of thrombosed vein	15.00
Saphenous vein ligation	37.50

## 20. VARIOUS-MISCELLANEOUS

Biopsy, if no other surgery involved	15.00
Paracentesis, tapping	15.00
Radium or X-ray therapy (each treatment)	7.50
Skin grafting, initial	37.50
each additional grafting	7.50
Suturing all accidental wounds	7.50

In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.

UNIVERSITY OF ILLINOIS HEALTH INSURANCE PROGRAM WITH CATASTROPHE COVERAGE,  
INSURED WITH BANKERS LIFE AND CASUALTY COMPANY

PRESENT PARTICIPANTS:

1. If you are presently participating you need not make a new application. Your coverage will be continued by merely paying your October 1, 1957 premium.
2. See the premium schedule on Page 8 of the booklet. If you wish to change your method of payment please notify the Staff Insurance Office either now or at the time your October billing is received.
3. Please note the provisions for collection of premium on Page 10, Item 4.

NEW APPLICANTS:

1. If you were employed prior to August 1, 1957 and are not presently participating, you must make proper application as outlined on Page 9 of the booklet prior to October 1, 1957 in order to be eligible for coverage in the policy year 1957-58. Applications made after October 1, 1957 will not be accepted until October 1, 1958.
2. If you were employed after August 1, 1957 you have 60 days after employment in which to make application and be admitted to the plan, otherwise your application will not be accepted until October 1, 1958. See Page 9 of the booklet.

UNIVERSITY OF ILLINOIS HEALTH INSURANCE PROGRAM WITH CATASTROPHE COVERAGE.  
INSURED WITH BANKERS LIFE AND CASUALTY COMPANY

PRESENT PARTICIPANTS:

1. If you are presently participating you need not make a new application. Your coverage will be continued by merely paying your October 1, 1957 premium.
2. See the premium schedule on Page 8 of the booklet. If you wish to change your method of payment please notify the Staff Insurance Office either now or at the time your October billing is received.
3. Please note the provisions for collection of premium on Page 10, Item 4.

NEW APPLICANTS:

1. If you were employed prior to August 1, 1957 and are not presently participating, you must make proper application as outlined on Page 9 of the booklet prior to October 1, 1957 in order to be eligible for coverage in the policy year 1957-58. Applications made after October 1, 1957 will not be accepted until October 1, 1958.
2. If you were employed after August 1, 1957 you have 60 days after employment in which to make application and be admitted to the plan, otherwise your application will not be accepted until October 1, 1958. See Page 9 of the booklet.
3. For your convenience in enrolling an application is provided at the back of the booklet.

EMPLOYEES RETIRING BEFORE OCTOBER 1960:

1. Employees retiring between October 1, 1957 and October 1, 1960 must have had continuous coverage from October 1, 1955 to be eligible to continue coverage after retirement.
2. Employees retiring after October 1, 1960 must have had coverage for 60 consecutive months immediately prior to retirement in order to continue coverage after retirement.
3. Employees who retired prior to October 1, 1957 are eligible to continue participating so long as they make premium payments when due.
4. See Page 3, Item 5 and Page 7 of the booklet for complete information on retiring employees.

FOR ADDITIONAL INFORMATION CONTACT THE STAFF INSURANCE OFFICE, 258 ADMIN. (W) OR CALL EXTENSION 2802.





COMPLETE IN DETAIL—PRINT CLEARLY OR TYPE

**FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,  
ACCIDENT AND SICKNESS INSURANCE**

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

2. Local Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

3. University Address \_\_\_\_\_ Room and Bldg. \_\_\_\_\_ Dept. \_\_\_\_\_ Employment Date \_\_\_\_\_ Phone Ext. \_\_\_\_\_

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?  
(Details of all exceptions must be noted.) \_\_\_\_\_

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Children \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

6. This insurance becomes effective for presently uninsured employees on October 1, 1957, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Coll 2802 for premium due if enrolling at date other than as specified)

Employee Only.....	QUARTERLY (Oct., Jan., Apr., July) \$ 7.75	SEMI-ANNUAL (Oct. & Apr.) \$15.25	ANNUAL (October) \$30.25
Employee and one dependent.....	14.50	28.75	57.25
Employee and two or more dependents.....	16.75	33.25	66.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed \_\_\_\_\_ Signature of Employee \_\_\_\_\_

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
Burson's Office, 100b Administration Bldg., Urbana.

## CLAIM RECORD

### Type of Illness:

### Type of Surgery -



UNIVERSITY OF ILLINOIS URBANA



UNDERWRITTEN BY THE  
GROUP DIVISION  
**BANKERS LIFE and CASUALTY COMPANY**  
CHICAGO 30, ILL.

COMPLETE IN DETAIL — PRINT CLEARLY OR TYPE

**FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,  
ACCIDENT AND SICKNESS INSURANCE**

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Local Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

3. University Address \_\_\_\_\_ Phone Ext. \_\_\_\_\_  
Room and Bldg. \_\_\_\_\_ Dept. \_\_\_\_\_ Employment Date \_\_\_\_\_

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?  
(Details of all exceptions must be noted.)

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse Name	Birth Date	Children Name	Birth Date	Name	Birth Date
		Name	Birth Date	Name	Birth Date

6. This insurance becomes effective for presently uninsured employees on October 1, 1957, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

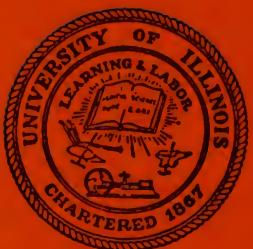
7. PREMIUM RATES (Call 2802 for premium due if enrolling at date other than as specified)

	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only.....	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	14.50	28.75	57.25
Employee and two or more dependents.....	16.75	33.25	66.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed \_\_\_\_\_ Signature of Employee \_\_\_\_\_

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
Bursar's Office, 100b Administration Bldg., Urbana.



UNDERWRITTEN BY THE  
GROUP DIVISION

**BANKERS LIFE and CASUALTY COMPANY**  
CHICAGO 30, ILL.

U. of I. GROUP PLAN  
Combining  
BASIC and CATASTROPHE  
ACCIDENT and SICKNESS  
INSURANCE  
NINTH ANNIVERSARY

Exclusively for  
All Employees  
— and their families —

of  
THE UNIVERSITY OF ILLINOIS

at Champaign-Urbana

1958-1959





UNIVERSITY OF ILLINOIS  
URBANA, ILLINOIS

Attention!

All University Staff Members

Realizing the great importance of accident and health insurance and the protection a group plan can afford to its employees, the University has for nine years offered a plan to all members of the faculty and staff.

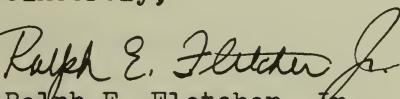
In these times of rising costs, we are particularly pleased to be able to offer the plan for 1958-59 at the same premium rates that have been in effect for the past three years.

This voluntary program, available to employees and their families, offers outstanding insurance protection for claims both large and small. A dollar invested in this plan is one well spent for your family's protection and security.

Those of you not already participating, should carefully review the benefits available under the University of Illinois plan. The coverage, which will be underwritten by The Bankers Life and Casualty Company, Chicago, Illinois, is fully described in this booklet.

Remember, the time to think about accident and health insurance is before you need it, not afterwards. For your convenience in enrolling, an application is attached to the back of this booklet.

Sincerely,

  
Ralph E. Fletcher, Jr.  
Supervisor of Insurance

## **WHO IS ELIGIBLE?**

- 1.** All full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.
- 2.** Present employees, except those indicated under point 3 below, may enroll ONLY at the annual enrollment date of October 1, provided application for their coverage with proper remittance is RECEIVED PRIOR to that date. Enrollment will not be permitted during the policy year EXCEPT for new employees as outlined under point 3 below.
- 3.** Employees become eligible for this insurance at the effective date of their employment and may be insured on the first of the month following the date application with proper remittance is RECEIVED WITHIN 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

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**THE APPLICATION**  
**on the Inside Back Cover**  
**is for the use of**  
**ONLY**  
**Those Employees Who Are Not As Yet**  
**Insured Under This**  
**U. of I. GROUP PLAN**

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Such employees enumerated above may continue to participate should they take University approved leave, disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

Employees entering retirement during the 1958-59 policy year are eligible to continue participating if they have participated continuously from October 1, 1955. Those entering retirement subsequent to the 1958-59 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement, except those retiring before October 1, 1960 may have coverage after retirement provided they have participated CONTINUOUSLY (without any lapse in coverage) since October 1, 1955.

Employees who retired prior to October 1, 1958 are eligible to continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason shall not be eligible for reinstatement.

Spouses of employees, not divorced or legally separated, and unmarried, dependent children (your own and those of your spouse for whom sole support is contributed by the insured employee) under nineteen years of age, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

New dependents may be added on the date application is made within 60 days of attaining insurable status, provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation so long as they make premium payments when due. If they allow coverage to lapse at any time for any reason they shall not be eligible for reinstatement.

Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

Neither employees nor their dependents can be participants in both the staff and student insurance programs.

## DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries sustained while the policy is in force as to the Insured or Insured Dependents and causing loss commencing while the policy is in force as to the Insured or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured or Insured Dependents of the Insured, unless the Insured or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured or Insured Dependent becomes hospital confined, except coverage shall be applicable for any period of hospital confinement commencing while the policy is in force as to employees who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations as outlined herein.

### PART I

#### HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured or insured dependents of the insured shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital for a continuous period of at least twelve hours, the company will pay the expense actually incurred each day for hospital room and board not to exceed \$10.00 per day for such hospital residence but in no event will the company's payments exceed \$210.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART II

#### MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured or insured dependent of the insured.

### PART III

### PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$3.00 per day but in no event will the company's payments exceed \$63.00 for any one period of hospital confinement of the insured or insured dependent of the insured. (Physician's expense excluded if a surgical operation expense is payable.)

### PART IV

### SURGICAL OPERATION EXPENSE

If, on account of such injuries or disease and during the period the policy is in force as to the Insured or Insured Dependents of the Insured, the Insured or Insured Dependents of the Insured shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Expense Benefits for Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed at any one time or at successive times for the same or related disabilities (where there has not been complete recovery from the disability), the total amount payable shall not exceed the maximum surgical allowance of \$225.00.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

### PART V MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured or insured dependent whose pregnancy is the basis of claim has been previously and continuously insured under the University policy that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former policy.

Subject thereto, if the insured or insured dependent of the insured is hospitalized as provided in Part I as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense for mother and child shall not exceed \$85.00 for delivery of child or children or any illness related thereto; \$170.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$42.50 for abortion or miscarriage or any illness related thereto.

No benefits will be payable for services rendered a newborn child during the hospital confinement of the mother.

## PART VI MISCELLANEOUS OUT-PATIENT EXPENSE-ACCIDENT

When by reason of accidental bodily injuries for which no expense is payable under any other provision of the Policy the Insured or Insured Dependents shall be necessarily treated as an Out-Patient in a hospital, clinic, physician's office, or at home within 7 days after the occurrence of such injuries and during the period the policy is in force as to the Insured or Insured Dependents, the Company will pay the expense of the type outlined in Part II, and physician's expense, actually incurred in that 7 day period, not to exceed in the aggregate \$25.00 as the result of any one accident. If within 30 days after the date of such injuries the Insured or Insured Dependents shall be necessarily confined within a hospital by reason of the same injuries, any amount paid hereunder shall be credited against the \$100.00 maximum payable under Part II.

## PART VII

## CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured or insured dependents of the insured shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured or insured dependent of the insured. (Maternity Expense, Part V, and the Miscellaneous Out-Patient Expense, Part VI, are to be excluded from this Part.)

## PART VIII

## EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery,

except under parts I, II and VI hereof for natural teeth; (d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, child-birth, abortion, miscarriage, or any illness related to any of these except as stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured or insured dependents of the insured; or (h) intentionally self-inflicted injuries.

The insurance of the insured and/or insured dependents of the insured shall become effective at 12:01 A.M., C.S.T. on the first day of the month of the policy year following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof.)

## PART X TERMINATION OF INSURANCE

1. The insurance of the insured and insured dependents of the insured shall cease automatically, at 12:00 midnight C.S.T., without need for notice to the insured:
  - a. At the expiration of the period for which premium has been paid;
  - b. On the date the policy terminates; or
  - c. On the anniversary date of the policy following the date the Insured ceases to be an employee of the University, except for those employees who entered retirement prior to October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured shall cease automatically at 12:00 midnight C.S.T., without need for notice to the insured:
  - a. On the date the insurance of the insured terminates; except that in the event of death of the insured, the insurance of any insured dependent of the insured, including spouse not remarried, shall remain in force as

long as the policy remains in force and premium is properly paid by such insured dependent;

- b. On the date such person ceases to be a dependent of the insured, or marries;
- c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.

3. Upon written request for cancellation by the insured, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

### **COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES**

	° Quarterly (Oct., Jan., Apr., July)	° Semi- Annual (Oct. & Apr.)	° Annual (Oct.)
Employee only .....	\$ 7.75	\$15.25	\$30.25
Employee and one dependent .....	14.50	28.75	57.25
Employee and two or more dependents .....	16.75	33.25	66.25

\* Call 2802 for premium due, if enrolling at date other than specified.

#### **PLEASE NOTE . . .**

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New employees must elect the method of premium payment at the time of their applying for coverage; if electing to pay at other than the dates specified above, call the Insurance Office for premium due.

**IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.**

### **HOW TO PRESENT CLAIMS . . .**

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their itemized bill to the Staff Insurance

Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company).

If an out-of-town hospital is involved you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The University blue claim is not to be completed by the physician, except in cases of outpatient treatment rendered away from a hospital.
3. Payments will be made direct to the insured unless you properly complete the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as you designate on the blue claim report. Only the employee's own authentic signature will be honored.

## **HOW TO PARTICIPATE . . .**

The following stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.
2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office and send it with the correct remittance to the Bursar's Office, Room 100b, Administration Building, Urbana.

3. Coverage for applications and proper remittances received prior to October 1, 1957, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days of date of employment.

Only one premium notice will be mailed to the insured at each of the applicable billing dates. Failure of the insured to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

**4.**

Insureds whose proper remittance is not received by the end of the five day grace period will be considered as delinquent; such insureds will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured without right to reinstatement during the remainder of the policy year.

**5.** ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE  
"UNIVERSITY OF ILLINOIS."

**6.** Inquiry about this protection is welcome at the Staff Insurance Office,  
258 Administration, Ext. 2802, Urbana.

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**THE APPLICATION**  
**on the Inside Back Cover**  
**is for the use of**  
**ONLY**  
**Those Employees Who Are Not As Yet**  
**Insured Under This**  
**U. of I. GROUP PLAN**

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## PART IV (page 5) Continued

### SCHEDULE OF EXPENSE BENEFITS FOR SURGICAL PROCEDURES

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
<b>1. ABDOMEN AND PELVIC CAVITY</b>			
Cutting for diagnosis or treatment of organs therein (unless other- wise specified in this schedule)	\$150.00		
Adhesions	150.00		
Appendectomy	150.00		
Bronchoscopy, one or more	52.50		
Cholecystectomy	150.00		
Cholecystotomy	150.00		
Choledochostomy	150.00		
Colostomy	112.50		
Cystotomy	150.00		
Diverticulectomy	150.00		
Gastrectomy	150.00		
Gastroscopy	52.50		
Gastrotomy	150.00		
Herniorrhaphy, Single	75.00		
Herniorrhaphy, Double	112.50		
Herniotomy, Single	75.00		
Herniotomy, Double	112.50		
Hernia, Single-injection method (entire course of treatment)	37.50		
Hernia, Double-injection method (entire course of treatment)	56.25		
Laparotomy	150.00		
Splenectomy	150.00		
Ulcer, Duodenal, Gastric or Peptic	150.00		
<b>2. ABDOMEN – FEMALE SURGERY</b>			
Caruncle	22.50		
Cervical Polyp	37.50		
Cervical Stump	75.00		
Cervix, amputation	75.00		
Cervix, cauterization	22.50		
Cervix, conization	37.50		
Cervix, curettage	22.50		
Cervix, dilation	15.00		
Colporrhaphy	37.50		
Cystocele	37.50		
Dilatation and curettage	37.50		
Gilliam Suspension	150.00		
Hymenectomy	22.50		
Hysterectomy or panhysterectomy	150.00		
Hysterectomy or panhysterectomy Vaginal approach	75.00		
Meatus, Fulguration of	7.50		
Myomectomy	150.00		
Oophorectomy	150.00		
Perineorrhaphy	75.00		
Salpingectomy	150.00		
Salpingo-oophorectomy	150.00		
Panhysteroophorectomy	150.00		
Panhysterosalpingectomy	150.00		
<b>3. AMPUTATION</b>			
Entire foot, arm, forearm, or entire hand	75.00		
Fingers or toes, each (One entire phalanx)	15.00		
Leg (below knee joint)	75.00		
Thigh (above knee joint)	112.50		
Thigh, including entire hip joint	150.00		
<b>4. BREAST</b>			
Mastectomy, single	112.50		
Mastectomy, double	150.00		
<b>5. CHEST</b>			
Bronchoscopy, one or more for foreign object or biopsy	52.50		
Cutting into thoracic cavity for diagnosis or treatment	60.00		
Induction of artificial pneumothorax	37.50		
Lobectomy	150.00		
Pneumonectomy	225.00		
Pneumolysis	60.00		
Thoracotomy	60.00		
Thoracoplasty (complete) or removal of portion of lung	225.00		
<b>6. CYSTS</b>			
Bakers	30.00		
Bartholin	37.50		
Branchial	75.00		
Dermoid	52.50		
Ganglion	15.00		
Papillomas	7.50		
Pilonidal	75.00		
Scalp or skin	15.00		
Sebaceous	15.00		
Thyroglossal	75.00		
Wen	15.00		

Description of Operation	Maximum Allowance
<b>7. DISLOCATION, reduction of</b>	
Ankle, elbow, or shoulder	37.50
Bones of hand or foot	15.00
Collarbone	15.00
Hip or knee	52.50
Lower jaw or wrist	22.50
Patella or kneecap	22.50
Thumb, fingers or toes, one or more	15.00
For dislocations requiring an open operation, maximum reim- bursement will be twice the amount shown above.	

## 8. EAR

Fenestration (one side)	112.50
Fenestration (both sides)	150.00
Labyrinthotomy	225.00
Mastoidectomy (one side)	112.50
Mastoidectomy (both sides)	150.00
Myringotomy	15.00
Polyps, Removal	15.00

## 9. EYE

Cataract needling	52.50
Cataract removal	75.00
Chalazion on eyelid	15.00
Corneal ulcer	7.50
Detached retina	75.00
Enucleation or evisceration	75.00
Foreign body removal	7.50
Glaucoma	75.00
Iridectomy	37.50
Keratotomy	37.50
Lachrimal gland or sac	37.50
Pterygium	30.00
Removal of eye	75.00
Sclerotomy	37.50
Strabismus, one stage	52.50
Strabismus, two or more stages	75.00
Tarsorrhaphy	22.50

## 10. FRACTURES

Arm (upper), kneecap (patella), lower leg, (tibia, fibula), olecranon, pelvis, tibia and fibula, spine, thigh (femur) or vertebra or skull	75.00
Arm (lower), collarbone (clavicle), jaw (alveolar process excepted), shoulder blade (scapula)	37.50
Colles fracture, radius or ulna	37.50
Colles fracture, wrist	22.50
Hand, feet, sternum or wrist	22.50
Nose, coccyx, rib or ribs	15.00
Thumb, fingers or toes, one or more	15.00
The amounts shown above are for	

simple fractures; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown above for the corresponding simple fracture.

For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding simple fracture.

## 11. GENITO-URINARY

Cystoscopy (one or more)	22.50
Cystostomy	112.50
Cystotomy	112.50
Epididymectomy	52.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted)	37.50
Kidney, entire removal	225.00
Kidney, cutting into for stones, infection or tumor	150.00
Nephrectomy	225.00
Nephropexy	150.00
Nephrotomy	150.00
Orchidectomy	52.50
Orchidopexy	52.50
Perineoplasty	75.00
Removal of tumors or stones in bladder, kidney or ureter by crushing, cauterization or endo- scopic means	37.50
Removal of tumors or stones in bladder, or ureter by open operation	75.00
Removal of entire prostate by open operation (complete)	225.00
Removal of part of prostate by endoscopic means	60.00
by other cutting operation	112.50
Revision bladder neck	112.50
Stricture, cystoscopy for dilation to promote passage of urine	22.50
Stricture of urethra open operation	75.00
Intra-urethral cutting operation	37.50
Stress urinary incontinence (Kelly ureteral plastic)	37.50
Transurethral prostatic resection	60.00
Varicocele, cutting operation on	37.50
Vasectomy, partial only	22.50
Vasectomy (total removal)	37.50
Vasotomy (an incision only)	22.50

## 12. INCISION OR EXCISION FOR REMOVAL

Abscess (alveolar processes excepted)	22.50
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Description of Operation	Maximum Allowance
Bunions (one or more)	22.50
Bursa	30.00
Carbuncle	15.00
Colpocele	37.50
Debridement	37.50
Enterocèle	37.50
Embolectomy	75.00
Exostosectomy	37.50
Felon	22.50
Foreign body under skin	7.50
Ganglion	15.00
Glands, simple	15.00
Granuloma	37.50
Lipoma	37.50
Myomectomy	37.50
Ulcer	15.00
Wen	15.00

### 13. JOINTS AND BONES

Bone graft	52.50
Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted)	60.00
Excision or fixation of ankle, elbow or wrist joints	37.50
knee joints	112.50
Hip, Sacroiliac or shoulder joints	150.00
Ligaments and tendons	
cutting operation	37.50
Ligaments and tendons, grafting of tendons, one or more	75.00
Suturing of tendons, single	37.50
Suturing of tendons, multiple	60.00
Patellectomy	112.50
Removal of knee cartilage	75.00
Removal of diseased portion of bone, including curettage (alveolar processes excepted)	60.00
Removal of spurs from finger or heel	22.50
from hip	52.50
Removal of portion of vertebra or vertebrae (coccyx processes excepted)	225.00
Removal of part of, or all of coccyx or vertebral process	75.00
Removal of vertebral disc	150.00
Rhinoplasty	150.00

### 14. NERVES AND NEURO-SURGERY

Anastomosis	112.50
Chordotomy (Unilateral or bilateral)	150.00
Cutting into cranial cavity (drills taps excepted)	225.00
Decompression	150.00
Laminectomy	225.00
Phrenectomy	75.00

Description of Operation	Maximum Allowance
Repair	37.50
Rhizotomy	150.00
Sympathectomy	150.00

### 15. NOSE AND THROAT

Adenoideectomy	22.50
Antrum puncture	7.50
Antrum window	15.00
Bronchoscopy, one or more, (removal foreign body or biopsy)	52.50
Caldwell-Luc	52.50
Esophagoscopy	52.50
Ethmoidectomy	52.50
Frontal sinus	52.50
Larynx intubation	37.50
Larynx polyp removal	22.50
Laryngectomy	150.00
Laryngoscopy diagnostic	22.50
Laryngoscopy operative	52.50
Ligation thyroid arteries only	75.00
Ligation thyroid arteries (two stage operation)	112.50
Neoplasma of larynx	112.50
Polyp, removal nasal	15.00
Polyp, removal (bilateral)	30.00
Salivary calculus, removal	15.00
Salivary gland removal	52.50
Sinus wash	7.50
Submucous resection	52.50
Sinus operation by cutting (puncture of antrum excepted)	52.50
Tags, tonsil	15.00
Thyroidectomy, complete procedure, including removal of all thyroid arteries	225.00
Thyroidectomy, partial only	150.00
Tongue tie	15.00
Tonsillectomy, or tonsillectomy and adenoidectomy	37.50
Tracheotomy	52.50
Turbinectomy	22.50
Uvulectomy	15.00

### 16. OBSTETRICAL

Entire section (covering abortion or miscarriage, including all corrective procedure; caesarean section and delivery; delivery of child or children, including entire accouchment; extrauterine pregnancy, tubal pregnancy or ectopic; all other procedures for illness related to or due to any of the above). See part V titled "maternity expense as limited herein".

### 17. RECTUM

Anal crypts	15.00
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Description of Operation	Allowance Maximum
Anal dilatation	15.00
Anoplasty	32.50
Carcinoma	150.00
Fissure	15.00
Fistula	37.50
Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	
External only	37.50
Internal, or Internal and External	60.00
Polyp	22.50
Prolapsed rectum	37.50
Rectocele	37.50
Stricture of Anus	37.50

#### 18. TUMORS

Benign	\$ 37.50
Bladder	150.00
Brain	225.00
Kidney	150.00

Description of Operation	Maximum Allowance
Malignant of face, lip or skin	37.50
Malignant, except of face, lip or skin	150.00

#### 19. VARICOSE VEINS

Cutting operation or injection treatment (complete procedure on all veins)	60.00
Incision of thrombosed vein	15.00
Saphenous vein ligation	37.50

#### 20. VARIOUS-MISCELLANEOUS

Biopsy, if no other surgery involved	15.00
Paracentesis, tapping	15.00
Radium or X-ray therapy (each treatment)	7.50
Skin grafting, initial	37.50
each additional grafting	7.50
Suturing all accidental wounds	7.50

In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.





**FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,  
ACCIDENT AND SICKNESS INSURANCE**

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

2. Local Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

3. University Address \_\_\_\_\_ Room and Bldg. \_\_\_\_\_ Dept. \_\_\_\_\_ Employment Date \_\_\_\_\_ Phone Ext. \_\_\_\_\_

4. Are you (and your dependent) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?

(Details of all exceptions must be noted.)

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Children \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

6. This insurance becomes effective for presently uninsured employees on October 1, 1958, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Call 2802 for premium due if enrolling at date other than as specified)

	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only.....	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	14.50	28.75	57.25
Employee and two or more dependents.....	16.75	33.25	66.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed \_\_\_\_\_ Signature of Employee \_\_\_\_\_

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
Burson's Office, 100b Administration Bldg., Urbana.

## CLAIM RECORD

### Type of Illness.

### Type of Surgery -



UNDERWRITTEN BY THE  
GROUP DIVISION  
BANKERS LIFE and CASUALTY COMPANY  
CHICAGO 30, ILL.

COMPLETE IN DETAIL — PRINT CLEARLY OR TYPE

**FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,  
ACCIDENT AND SICKNESS INSURANCE**

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

2. Local Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

3. University Address \_\_\_\_\_  
Room and Bldg. \_\_\_\_\_ Dept. \_\_\_\_\_ Employment Date \_\_\_\_\_ Phone Ext. \_\_\_\_\_

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?  
(Details of all exceptions must be noted.)

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for)

Spouse Name	Birth Date	Children Name	Birth Date	Name	Birth Date
		Name	Birth Date	Name	Birth Date

6. This insurance becomes effective for presently uninsured employees on October 1, 1958, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance if within 60 days of date of employment.

7. PREMIUM RATES (Coll 2802 for premium due if enrolling at date other than as specified)

	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only.....	\$ 7.75	\$15.25	\$30.25
Employee and one dependent.....	14.50	28.75	57.25
Employee and two or more dependents.....	16.75	33.25	66.25

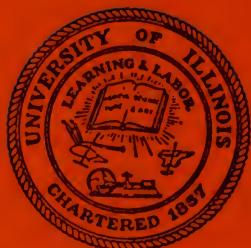
8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed \_\_\_\_\_ Signature of Employee \_\_\_\_\_

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
Bursar's Office, 100b Administration Bldg., Urbana.



30124488707



UNDERWRITTEN BY THE  
GROUP DIVISION  
BANKERS LIFE and CASUALTY COMPANY  
CHICAGO 30, ILL.

U. of I. Group Plan  
1959/60

U. of I. GROUP PLAN  
Combining  
BASIC and CATASTROPHE  
ACCIDENT and SICKNESS  
INSURANCE  
TENTH ANNIVERSARY

THE LIBRARY OF THE

1966

UNIVERSITY OF ILLINOIS

Exclusively for  
All Employees  
— and their families —

of

THE UNIVERSITY OF ILLINOIS

at Champaign-Urbana

1959-1960





UNIVERSITY OF ILLINOIS  
URBANA, ILLINOIS

To All University Staff Members:

For a decade the University has made available to its faculty and staff a group Hospital-Medical-Surgical insurance program. During this period benefits have been revised and new coverages added to keep current with the rising costs of medical expenses.

In keeping with the desire to offer sound protection and security for each insurance dollar spent by its participating employees and their families, the University offers for the 1959-60 policy year another improved program of benefits. The coverage will be underwritten by The Federal Life Insurance Company, Chicago, Illinois.

The value of this investment for your family's security and protection will be readily evident if you take a few minutes to read this booklet describing the University of Illinois plan.

Your University group plan will speak for itself. Compare its cost and benefits with other plans. Then complete the application form attached to the back of this booklet.

Sincerely,

*Ralph E. Fletcher Jr.*

Ralph E. Fletcher, Jr.  
Supervisor of Insurance

## **WHO IS ELIGIBLE?**

- 1.** All active full-time and active part-time Employees of the University of Illinois at Champaign-Urbana, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.
- 2.** Present employees, except those indicated under point 3 below, may enroll ONLY at the annual enrollment date of October 1, provided application for their coverage with proper remittance is RECEIVED PRIOR to that date. Enrollment will not be permitted during the policy year EXCEPT as outlined under point 3 below.
- 3.** Employees become eligible for this insurance at the effective date of their employment. Their insurance shall take effect on the first of the month following the date of application, or on the date of application if payment is made for the full month, provided application with proper remittance is RECEIVED WITHIN 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

Those in the dual capacity as a student and a staff member and who have carried student insurance have 60 days after permanent loss of eligibility under the student plan to convert to this insurance. A lapse in coverage will result, however, unless application is made on the day the student coverage terminates.

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**THE APPLICATION**  
**on the Inside Back Cover**  
**is for the use of**  
**ONLY**  
**Those Employees Who Are Not As Yet**  
**Insured Under This**  
**U. of I. GROUP PLAN**

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Such employees enumerated above may continue to participate should they take University approved leave, disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

Employees entering retirement during the 1959-60 policy year are eligible to continue participating if they have participated continuously from October 1, 1955. Those entering retirement subsequent to the 1959-60 policy year must have been participants for at least 5 consecutive years immediately prior to the effective date of retirement.

Employees who retired prior to October 1, 1959 are eligible to continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason shall not be eligible for reinstatement.

Spouses of employees, not divorced or legally separated, and unmarried, dependent children under nineteen years of age, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

New dependents may be added on the date application is made within 60 days of attaining insurable status, provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation so long as they make premium payments when due. If they allow coverage to lapse at any time for any reason they shall not be eligible for reinstatement.

Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

Neither employees nor their dependents can be participants in both the staff and student insurance programs.

## DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries causing loss commencing while the policy is in force as to the Insured Employee or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured Employee or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured Employee or Insured Dependents, unless the Insured Employee or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured Employee or Insured Dependent incurs a loss, except coverage shall be applicable for any loss commencing while the policy is in force as to employees who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations of the policy.

## PART I

## HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured employee or insured dependents shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital the company will pay the expense actually incurred each day for hospital room and board not to exceed \$14.00 per day for such hospital residence but in no event will the company's payments exceed \$294.00 for any one period of hospital confinement of the insured employee or insured dependent.

## PART II

## MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part 1, the insured employee or insured dependents shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured employee or insured dependent. Benefits under this part are to be paid in connection with out-patient surgical charges under Part IV.

## PART III

## PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part 1, the insured employee or insured dependents shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$4.00 per day but in no event will the company's payments exceed \$84.00 for any one period of hospital confinement of the insured employee or insured dependent. (Physician's expense excluded if a surgical operation expense is payable.)

## PART IV

## SURGICAL PROCEDURE EXPENSE

If, on account of such injuries or disease and during the period the policy is in force as to the Insured Employee or Insured Dependents, the Insured Employee or Insured Dependents shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

## PART V

## MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured employee or insured dependent whose pregnancy is the basis of claim has been previously and continuously insured under the University policy that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former plan.

Subject thereto, if the insured employee or insured dependent is hospitalized as provided in Part 1 as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured employee or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense for mother and child shall not exceed \$100.00 for delivery of child or children or any illness related

thereto; \$200.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$50.00 for abortion or miscarriage or any illness related thereto.

No benefits will be payable for services rendered a newborn child during the hospital confinement of the mother.

## PART VI MISCELLANEOUS OUT-PATIENT EXPENSE-ACCIDENT

When by reason of injury for which no expense is payable under any other provision of the Policy the Insured Employee or Insured Dependents shall be necessarily treated as an Out-Patient in a hospital, clinic, physician's office, or at home within 7 days after the occurrence of such injury the Company will pay the expense of the type outlined in Part II, and physician's expense, actually incurred in that 7 day period, not to exceed in the aggregate \$25.00 for any one injury as to any one insured person.

## PART VII CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured employee or insured dependents shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount including charges of private, registered nurses not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured employee or insured dependent. Maternity Expense, Part V, and any policy provisions not requiring hospitalization are excluded from this Part.

## PART VIII EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery, except under parts I, II and VI hereof for natural teeth; (d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, child-birth, abortion, miscarriage, or any illness related to any of these except as

stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured employee or insured dependents; (h) intentionally self-inflicted injury; or (i) a newborn child during the maternity confinement of the mother.

## PART IX

## EFFECTIVE DATE OF INSURANCE

The insurance of the insured employee and/or insured dependents shall become effective at 12:01 A.M., C.S.T. on the first day of October following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof for new employees and new dependents.)

## PART X

## TERMINATION OF INSURANCE

1. The insurance of the insured employee and insured dependents shall cease automatically, at 12:01 A.M., C.S.T., without need for notice to the insured employee:
  - a. At the expiration of the period for which premium has been paid;
  - b. On the date the policy terminates; or
  - c. On the anniversary date of the policy following the date the Insured Employee ceases to be an employee of the University, except for those employees who entered retirement prior to October 1, 1956, such employees are eligible to continue their insurance in force provided they were covered under the University Group Policy for at least twelve consecutive months immediately prior to the effective date of retirement and for those employees entering retirement after October 1, 1956, and prior to October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy since October 1, 1955, and for those employees entering retirement after October 1, 1960, such employees are eligible to continue their insurance in force provided they were continuously covered under the former policy that this policy replaces, and under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured employee shall cease automatically at 12:01 A.M., C.S.T., without need for notice to the insured employee:
  - a. On the date the insurance of the insured employee terminates; except that in the event of death of the insured employee, the insurance of any insured dependent of the insured employee, including spouse not re-

married, shall remain in force so long as the policy remains in force and premium is properly paid by such insured dependent;

- b. On the date such person ceases to be a dependent of the insured employee or marries;
- c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.

3. Upon written request for cancellation by the insured employee, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

### **COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES**

	* Semi-	* Annual	* Annual
	Quarterly (Oct., Jan., Apr., July)	Annual (Oct. & Apr.)	(Oct.)
Employee only . . . . .	\$ 8.25	\$16.25	\$32.25
Employee and one dependent . . . . .	15.00	29.75	59.25
Employee and two or more dependents . . . . .	17.50	34.75	69.25

\*Call 2802 for premiums due, if enrolling at date other than specified.

#### **PLEASE NOTE . . .**

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New Employees must elect the method of premium payment at the time of applying for coverage; if applying at other than the dates specified above, call the Insurance Office for premium due.

**IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA.**

### **HOW TO PRESENT CLAIMS . . .**

1. Upon release from the hospital ask the hospital to prepare the University blue claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their itemized bill to the Staff Insurance

Office, 258 Administration, Urbana. (Do not send your bills to the Insurance Company.)

If an out-of-town hospital is involved, you may obtain the University blue claim report blank from the Staff Insurance Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The University blue claim is not to be completed by the physician, except in cases of outpatient treatment rendered away from a hospital.
3. Itemized statements for ambulance, anesthetist, surgical assistants, consultants, and private registered nurses, where these services are used, should also be presented.
4. Payments will be made direct to the insured employee unless the insured employee properly completes the assignment in detail on the reverse side of the University blue claim report, in which case payment will be made to the hospital and/or physician as designated on the blue claim report. Only the employee's own authentic signature will be honored.

## **HOW TO PARTICIPATE . . .**

The following stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

1. If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.

2. Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the orange application attached hereto or available at the Staff Insurance Office and send it with the correct remittance to the Bursar's Office, Room 101E, Administration Building, Urbana.

3. Coverage for applications and proper remittances received prior to October 1, 1959, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days after date of employment.

**4.** Only one premium notice will be mailed to the insured employee at each of the applicable billing dates. Failure of the insured employee to receive any such premium notices shall not be the responsibility of the University Staff Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

Insured employees whose proper remittance is not received by the end of the five day grace period will be considered as delinquent; such insured employees will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured employee without right to reinstatement during the remainder of the policy year.

**5.** ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE  
"UNIVERSITY OF ILLINOIS."

**6.** Inquiry about this protection is welcome at the Staff Insurance Office, 258 Administration, Ext. 2802, Urbana.

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**THE APPLICATION  
on the Inside Back Cover  
is for the use of  
ONLY  
Those Employees Who Are Not As Yet  
Insured Under This  
U. of I. GROUP PLAN**

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## SCHEDULE OF SURGICAL PROCEDURES

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
<b>Abdomen and Pelvic Cavity</b>			
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule) .....	\$150.00	Thigh (above knee joint) .....	112.50
Adhesions .....	150.00	Thigh, including entire hip joint .....	150.00
Appendectomy .....	150.00	<b>Breast</b>	
Bronchoscopy, one or more .....	52.50	Mastectomy, Single .....	112.50
Cholecystectomy .....	150.00	Mastectomy .....	150.00
Cholecystotomy .....	150.00	<b>Chest</b>	
Choledochostomy .....	150.00	Bronchoscopy, one or more for foreign object or biopsy .....	52.50
Colostomy .....	112.50	Cutting into thoracic cavity for diagnosis or treatment .....	60.00
Cystotomy .....	150.00	Induction of artificial pneumothorax .....	37.50
Diverticulectomy .....	150.00	Lobectomy .....	150.00
Gastrectomy .....	150.00	Pneumonectomy .....	225.00
Gastroscopy .....	52.50	Pneumolysis .....	60.00
Gastrotomy .....	150.00	Thoracotomy .....	60.00
Herniorrhaphy, Single .....	75.00	Thoracoplasty (complete) or removal of portion of lung .....	225.00
Herniorrhaphy, Double .....	112.50		
Herniotomy, Single .....	75.00	<b>Cysts</b>	
Herniotomy, Double .....	112.50	Bakers .....	30.00
Hernia, Single-injection method (entire course of treatment) .....	37.50	Bartholin .....	37.50
Hernia, Double-injection method (entire course of treatment) .....	56.25	Branchial .....	75.00
Laparotomy .....	150.00	Dermoid .....	52.50
Splenectomy .....	150.00	Ganglion .....	15.00
Ulcer, Duodenal, Gastric or Peptic .....	150.00	Papillomas .....	7.50
		Pilonidal .....	75.00
<b>Abdomen — female surgery</b>		Scalp or skin .....	15.00
Caruncle .....	22.50	Sebaceous .....	15.00
Cervical Polyp .....	37.50	Thyroglossal .....	75.00
Cervical Stump .....	75.00	Wen .....	15.00
Cervix, Amputation .....	75.00	<b>Dislocation, Reduction of</b>	
Cervix, Cauterization .....	22.50	Ankle, elbow, or shoulder .....	50.00
Cervix, Conization .....	37.50	Bones of hand or foot .....	20.00
Cervix, Curettage .....	22.50	Collarbone .....	20.00
Cervix, Dilatation .....	15.00	Hip or knee .....	70.00
Colporrhaphy .....	37.50	Lower Jaw or wrist .....	30.00
Cystocele .....	37.50	Patello- or kneecap .....	30.00
Dilatation and Curettage .....	37.50	Thumb, finger or toes, one or more .....	20.00
Gilliam Suspension .....	150.00	For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	
Hymenectomy .....	22.50		
Hysterectomy or Panhysterectomy .....	150.00		
Hysterectomy or Panhysterectomy Vaginal approach .....	75.00	<b>Ear</b>	
Meatus, Fulgeration of .....	7.50	Fenestration (one side) .....	112.50
Myomectomy .....	150.00	Fenestration (both sides) .....	150.00
Oophorectomy .....	150.00	Labyrinthotomy .....	225.00
Perineorrhaphy .....	75.00	Mastoidectomy (one side) .....	112.50
Salpingectomy .....	150.00	Mastoidectomy (both sides) .....	150.00
Salpingo-oophorectomy .....	150.00	Myringotomy .....	15.00
Panhystero-oophorectomy .....	150.00	Polyps removal .....	15.00
Panhysterosalpingectomy .....	150.00	<b>Eye</b>	
Panhysterosalpingoophorectomy .....	225.00	Cataract needling .....	52.50
Rectocele .....	37.50	Cataract removal .....	75.00
Trachelorrhaphy .....	75.00	Chalazion on eyelid .....	15.00
Urethrocele .....	37.50	Corneal ulcer .....	7.50
<b>Uterus —</b>		Detached retina .....	75.00
Retroversion or suspension, correction by abdominal approach .....	150.00	Enucleation or evisceration .....	75.00
By vaginal approach .....	75.00	Foreign body removal .....	7.50
Vaginal prolapse .....	150.00	Glaucoma .....	75.00
<b>Amputation</b>		Iridectomy .....	37.50
Entire foot, arm, forearm, or entire hand .....	75.00	Keratotomy .....	37.50
Fingers or toes, each (one entire phalanx) .....	15.00	Lachrimal gland or sac .....	37.50
Leg (below knee joint) .....	75.00	Pterygium .....	30.00
		Removal of eye .....	75.00
		Sclerotomy .....	37.50
		Strabismus, one stage .....	52.50

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
Strabismus, two or more stages .....	75.00	Incision or excision for removal	
Tarsorrhaphy .....	22.50	Abscess (oliveolar processes excepted) .....	22.50
<b>Reduction of Fractures</b>		Bunions (one or more) .....	22.50
Arm (upper), kneecap (patello), lower leg, (tibia, fibula), olecranon, pelvis, tibia and fibula, spine, thigh (femur) or vertebra or skull .....	100.00	Bursa .....	30.00
Arm (lower), collarbone (clavicle), jaw (Alveolar process excepted), shoulder blade (scapula) .....	50.00	Corbuncle .....	15.00
Colles fracture, radius or ulno .....	50.00	Colpocelie .....	37.50
Colles fracture, wrist .....	30.00	Debridement .....	37.50
Hond, feet, sternum or wrist .....	30.00	Enterocelie .....	37.50
Nose, coccyx, rib or ribs .....	20.00	Embolectomy .....	75.00
Thumb, fingers or toes, one or more .....	20.00	Exostosectomy .....	37.50
The amounts shown above are for simple fractures requiring reduction; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown for the corresponding fracture.		Felon .....	22.50
For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding fracture.		Foreign body under skin .....	7.50
<b>Genito-urinary</b>		Ganglion .....	15.00
Cystoscopy .....	22.50	Glymonds, simple .....	15.00
Cystostomy .....	112.50	Granuloma .....	37.50
Cystotomy .....	112.50	Lipomo .....	37.50
Epididymectomy .....	52.50	Myomectomy .....	37.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted) .....	37.50	Ulcer .....	15.00
Kidney, entire removal .....	225.00	Wen .....	15.00
Kidney, cutting into for stones, infection or tumor .....	150.00	<b>Joints and bones</b>	
Nephrectomy .....	225.00	Bone Graft .....	70.00
Nephropexy .....	150.00	Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted) .....	80.00
Nephrotomy .....	150.00	Excision or fixation of ankle, elbow or wrist joints .....	50.00
Orchiectomy .....	52.50	Knee joint .....	150.00
Orchidopexy .....	52.50	Hip, sacroiliac or shoulder joints .....	200.00
Perineoplasty .....	75.00	Ligaments and tendons cutting operation .....	50.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or endoscopic means .....	37.50	Ligaments and tendons	
Removal of tumors or stones in bladder or ureter by open operation .....	37.50	Grafting of tendons, one or more .....	100.00
Removal of entire prostate by open operation (complete) .....	225.00	Suturing of tendons, single .....	50.00
Removal of part of prostate by endoscopic means .....	60.00	Suturing of tendons, multiple .....	80.00
By other cutting operation .....	112.50	Potectomy .....	150.00
Revision bladder neck .....	112.50	Removal of knee cartilage .....	100.00
Stricture, cystoscopy for dilation to promote passage of urine .....	22.50	Removal of diseased portion of bone, including curettage (oliveolar processes excepted) .....	80.00
Stricture of urethra		Removal of spurs	
Open operation .....	75.00	From finger or heel .....	30.00
Intro-urethral cutting operation .....	37.50	From hip .....	70.00
Stress urinary incontinence (Kelly ureteral plasty) .....	37.50	Removal of portion of vertebro or vertebrae (coccyx processes excepted) .....	225.00
Transurethral prostatectomy resection .....	60.00	Removal of part of, or all of coccyx or vertebral process .....	100.00
Varicocele, cutting operation on .....	37.50	Removal of vertebro disc .....	200.00
Vasectomy, partial only .....	22.50	Rhinoplasty .....	200.00
Vasectomy (total removal) .....	37.50	<b>Nerves and neuro-surgery</b>	
Vasotomy (on incision only) .....	22.50	Anostomosis .....	112.50
		Chordotomy (unilateral or bilateral) .....	150.00
		Cutting into cranial cavity (drill tops excepted) .....	225.00
		Decompression .....	150.00
		Laminectomy .....	225.00
		Phrenectomy .....	75.00
		Repair .....	37.50
		Rhizotomy .....	150.00
		Sympathectomy .....	150.00
		<b>Nose and throat</b>	
		Adenoectomy .....	22.50
		Antrum puncture .....	7.50
		Antrum window .....	15.00
		Bronchoscopy, one or more (Removal foreign body or biopsy) .....	52.50
		Coldwell-luc .....	52.50
		Esophagoscopy .....	52.50
		Ethmoidectomy .....	52.50

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
Frontal sinus .....	52.50	Carcinoma .....	150.00
Larynx intubation .....	37.50	Fissure .....	15.00
Larynx Polyp Removal .....	22.50	Fistula .....	37.50
Laryngectomy .....	150.00	Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure)	
Laryngoscopy diagnostic .....	22.50	External only .....	37.50
Laryngoscopy operative .....	52.50	Internal, or internal and external .....	60.00
Ligation thyroid arteries only .....	75.00	Polyp .....	22.50
Ligation thyroid arteries (two stage operation) .....	112.50	Prolapsd rectum .....	37.50
Lobectomy .....	150.00	Rectocele .....	37.50
Neoplasma of larynx .....	112.50	Stricture of anus .....	37.50
Polyp, removal nasal .....	15.00	<b>Tumors</b>	
Polyp, removal (bilateral) .....	30.00	Benign .....	37.50
Salivary calculus, removal .....	15.00	Bladder .....	150.00
Salivary gland removal .....	52.50	Brain .....	225.00
Sinus Wash .....	7.50	Kidney .....	150.00
Submucous resection .....	52.50	Malignant of face, lip or skin .....	37.50
Sinus operation by cutting (puncture of antrum excepted) .....	52.50	Malignant, except of face, lip or skin .....	150.00
Tags, tonsil .....	15.00	<b>Varicose veins</b>	
Thyroidectomy, complete procedure, including removal of thyroid arteries .....	225.00	Cutting operation or injection treatment (Complete procedure on all veins) .....	60.00
Thyroidectomy, partial only .....	150.00	Incision of thrombosed vein .....	15.00
Tongue tie .....	15.00	Saphenous vein ligation .....	37.50
Tonsillectomy, or tonsillectomy and adenoidectomy .....	37.50	<b>Various—Miscellaneous</b>	
Tracheotomy .....	52.50	Biopsy, if no other surgery involved .....	15.00
Turbinectomy .....	22.50	Paracentesis, tapping .....	15.00
Uvulectomy .....	15.00	Radium or X-ray therapy (each treatment) ....	7.50
<b>Obstetrics</b> (See Part V, titled Maternity Expense)		Skin grafting, initial .....	37.50
<b>Rectum</b>		Each additional grafting .....	7.50
Anal crypts .....	15.00	Suturing all accidental wounds .....	7.50
Anal Dilatation .....	15.00	In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.	
Anoplasty .....	32.50		







COMPLETE IN DETAIL—PRINT CLEARLY OR TYPE

**FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE,  
ACCIDENT AND SICKNESS INSURANCE**

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

2. Local Home Address \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

3. University Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Room and Bldg. \_\_\_\_\_

Dept. \_\_\_\_\_ Employment Date \_\_\_\_\_ Phone Ext. \_\_\_\_\_

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?

(Details of all exceptions must be noted.)

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for.)

Spouse \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Children \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

6. This insurance becomes effective for presently uninsured employees on October 1, 1959, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance, or on the date of application if payment is made for the full month, if received within 60 days of date of employment.

7. PREMIUM RATES (Call 2802 for premium due if enrolling at date other than as specified)

	QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
Employee Only .....	\$ 8.25	\$16.25	\$32.25
Employee and one dependent .....	15.00	29.75	59.25
Employee and two or more dependents .....	17.50	34.75	69.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed \_\_\_\_\_

Signature of Employee \_\_\_\_\_

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION—MAIL TODAY TO:  
Bursar's Office, 101E Administration Bldg., Urbana.

## CLAIM RECORD

Type of illness \_\_\_\_\_

#### Type of Surgery—



UNDERWRITTEN BY  
**FEDERAL LIFE INSURANCE COMPANY**  
CHICAGO 46, ILLINOIS

AGB-4416

COMPLETE IN DETAIL - PRINT CLEARLY OR TYPE

## FACULTY AND STAFF APPLICATION FOR U. OF I. COMBINED BASIC AND CATASTROPHE, ACCIDENT AND SICKNESS INSURANCE

(For use by those eligible employees who are NOT as yet insured under this Group Plan)

1. Employee \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

2. Local Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

3. University Address \_\_\_\_\_ Room and Bldg. \_\_\_\_\_ Dept. \_\_\_\_\_ Employment Date \_\_\_\_\_ Phone Ext. \_\_\_\_\_

4. Are you (and your dependents) to the best of your knowledge and belief now in good health and free from all physical impairment and disease?

(Details of all exceptions must be noted.)

5. What immediate members of your family are to be insured? (To be answered only if insurance thereon is applied for.)

Spouse Name	Birth Date	Children Name	Birth Date	Name	Birth Date

6. This insurance becomes effective for presently uninsured employees on October 1, 1959, if application and proper remittance are received at the office indicated under 10 below on or before that date, and for new employees on the first of the month following receipt of application and proper remittance, or on the date of application if payment is made for the full month, if received within 60 days of date of employment.

7. PREMIUM RATES (Call 2802 for premium due if enrolling at date other than as specified)

Employee Only \_\_\_\_\_  
Employee and one dependent \_\_\_\_\_  
Employee and two or more dependents \_\_\_\_\_

QUARTERLY (Oct., Jan., Apr., July)	SEMI-ANNUAL (Oct. & Apr.)	ANNUAL (October)
\$ 8.25	\$16.25	\$32.25
15.00	29.75	59.25
17.50	34.75	69.25

8. I hereby authorize any and all hospitals and the employees thereof, physicians, and/or other persons who attended me and/or examined me, to disclose when requested to do so by the Insurance Company and/or anyone acting in its stead, any and all information with respect to any illness and/or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital and/or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

9. Date signed \_\_\_\_\_ Signature of Employee \_\_\_\_\_

10. FORWARD PROPER REMITTANCE, PAYABLE TO: "THE UNIVERSITY OF ILLINOIS," WITH APPLICATION-MAIL TODAY TO:  
Bursar's Office, 101E Administration Bldg., Urbana.



20772 111981699



UNDERWRITTEN BY  
FEDERAL LIFE INSURANCE COMPANY  
CHICAGO 46, ILLINOIS

C.  
ElbuDsp  
1960/61



U. of I. GROUP PLAN  
Combining  
**BASIC and CATASTROPHE  
ACCIDENT and SICKNESS**  
**INSURANCE**  
**ELEVENTH ANNIVERSARY**

Exclusively for  
All Employees  
— and their families —

of

**THE UNIVERSITY OF ILLINOIS**

at

Champaign-Urbana and the Chicago Professional Colleges

**1960 - 1961**





*Today, health insurance has become increasingly more important. The cost of basic hospital facilities and services have continued to rise. The advancements in the field of therapeutics have been impressive but also expensive. Rarely can an individual, with no health insurance, meet the expenses of a hospital confinement of even a few weeks without undue financial strain.*

*During the past eleven years the University has made available to its employees a voluntary Hospital-Medical-Surgical insurance plan that not only assists in the handling of the hospital confinement of a few hundred dollars but also the confinement that runs into the thousands of dollars. While many other health insurance plans are increasing their premiums, it is our pleasure to announce that the same high benefits available during this past year, will be continued during the policy year beginning October 1, 1960 with no increase in premiums.*

## **WHO IS ELIGIBLE?**

**1.** All active full-time and active part-time Employees of the University of Illinois at Champaign-Urbana and the Chicago Professional Colleges Campus, the staff of Allied Surveys and Laboratories on the Champaign-Urbana Campus, and the Athletic Association Staff at Champaign-Urbana may participate in the plan regardless of age, physical condition, or occupation.

**2.** Present employees, except those indicated under point 3 below, may enroll ONLY at the annual enrollment date of October 1, provided application for their coverage with proper remittance is RECEIVED PRIOR to that date. Enrollment will not be permitted during the policy year EXCEPT as outlined under point 3 below.

**3.** Employees become eligible for this insurance at the effective date of their employment. Their insurance shall take effect on the first of the month following the date of application, or on the date of application if payment is made for the full month, provided application with proper remittance is RECEIVED WITHIN 60 days following the date of employment. New employees whose application and remittance are not received by the University within the above stated 60-day period will not be accepted for enrollment until the subsequent annual enrollment date of October 1.

Those in the dual capacity as a student and a staff member and who have carried student insurance have 60 days after permanent loss of eligibility under the student plan to convert to this insurance. A lapse in coverage will result, however, unless application is made on the day the student coverage terminates.

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**THE APPLICATION**  
**on the Inside Back Cover**  
**is for the use of**  
**ONLY**  
**Those Employees Who Are Not As Yet**  
**Insured Under This**  
**U. of I. GROUP PLAN**

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Such employees enumerated above may continue to participate should they take University approved leave, disability leave, sick leave, or sabbatical leave. Employees terminating employment with the University may continue to participate throughout the current policy year; then they may contact the Company direct regarding individual coverage.

Employees entering retirement during the 1960-61 policy year are eligible to continue participating if they have participated continuously under the former policy that this policy replaces and under this policy for 60 consecutive months immediately prior to the effective date of retirement.

Eligible retired employees may continue participating so long as they make premium payments when due.

Any retired person who allows coverage under this Group Plan to lapse at any time for any reason shall not be eligible for reinstatement.

Spouses of employees, not divorced or legally separated, and unmarried, dependent children under nineteen years of age, represent dependents eligible for coverage.

Such eligible dependents may be insured on the date your insurance becomes effective providing application for their coverage with proper remittance is RECEIVED PRIOR to that date, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

New dependents may be added on the date application is made within 60 days of attaining insurable status, provided application for their coverage with proper remittance is RECEIVED PRIOR to the end of that time, otherwise on the annual enrollment date following the date application and proper remittance are RECEIVED.

Spouses not remarried and/or other eligible dependents as indicated above of deceased employees (active or retired) are eligible to continue participation so long as they make premium payments when due. If they allow coverage to lapse at any time for any reason they shall not be eligible for reinstatement.

Medical examination for enrollment is not required; however, you and your eligible dependents will not be covered for the first twelve months, for any injury or disease which had its inception BEFORE the effective date of coverage as to the insured person in the University Faculty-Staff Insurance Plan, except that the above twelve month requirement is waived for new employees taking coverage within 60 days of employment.

Neither employees nor their dependents can be participants in both the staff and student insurance programs.

## DESCRIPTION OF BENEFITS

The following HOSPITAL-MEDICAL-SURGICAL expense reimbursement benefits are available to you and your eligible dependents against loss resulting directly and independently of all other causes from accidental bodily injuries causing loss commencing while the policy is in force as to the Insured Employee or Insured Dependents and against loss resulting from disease causing loss commencing while the policy is in force as to the Insured Employee or Insured Dependents, provided, however, insurance under the policy shall not apply to any loss for disease contracted or commencing prior to the effective date of coverage as to the Insured Employee or Insured Dependents, unless the Insured Employee or Insured Dependent has been covered for a period of 12 months immediately prior to the date the Insured Employee or Insured Dependent incurs a loss, except coverage shall be applicable for any loss commencing while the policy is in force as to employees who apply for coverage within 60 days after the date of employment, subject to the provisions, conditions and limitations of the policy.

## PART I

#### HOSPITAL RESIDENCE EXPENSE

If, on account of such injuries or disease, the insured employee or insured dependents shall on the advice of a legally qualified physician or surgeon require residence as an in-patient in any legally operated hospital the company will pay the expense actually incurred each day for hospital room and board not to exceed \$14.00 per day for such hospital residence but in no event will the company's payments exceed \$294.00 for any one period of hospital confinement of the insured employee or insured dependent.

## PART II

## MISCELLANEOUS HOSPITAL EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part 1, the insured employee or insured dependents shall incur expense for laboratory tests, anesthetics and administration thereof, use of operating room, medicine, drugs, dressings, blood transfusions and the administration thereof, X-rays, and ambulance expense to and from hospital (limit \$10.00 per confinement), the company will pay the actual expense thereof not to exceed in the aggregate \$100.00 for any one period of hospital confinement of the insured employee or insured dependent. Benefits under this part are to be paid in connection with out-patient surgical charges under Part IV.

## PART III

## PHYSICIAN'S EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part 1, the insured employee or insured dependents shall require treatment by a legally qualified physician, the company will pay the expense actually incurred each calendar day not to exceed \$4.00 per day but in no event will the company's payments exceed \$84.00 for any one period of hospital confinement of the insured employee or insured dependent. (Physician's expense excluded if a surgical operation expense is payable.)

## PART IV

## SURGICAL PROCEDURE EXPENSE

If, on account of such injuries or disease and during the period the policy is in force as to the Insured Employee or Insured Dependents, the Insured Employee or Insured Dependents shall require surgical treatment, the Company will pay the actual expense thereof not to exceed the maximum amount specified in the Schedule of Surgical Procedures on pages 11-14.

If two or more surgical procedures are performed during the course of a single operation involving only one incision, an expense will be payable only for that one procedure for which the largest amount is payable.

## PART V

## MATERNITY EXPENSE AS LIMITED HEREIN

No maternity benefits shall be payable under the new policy until it has been in force as to the person whose pregnancy is the basis of claim for at least thirty days prior to the inception of such pregnancy. If the insured employee or insured dependent whose pregnancy is the basis of claim has been previously and continuously insured under the University policy that this policy replaces, and maternity benefits would have been payable under such policy had it not terminated, the effective date of such maternity coverage shall be the effective date of the maternity coverage under the former plan.

Subject thereto, if the insured employee or insured dependent is hospitalized as provided in Part 1 as a result of pregnancy, childbirth, abortion, miscarriage, or any illness related to any of these, and the policy is then in force as to the insured employee or insured dependents, the maximum allowance for the combined Hospital-Medical-Surgical expense for mother and child shall not exceed \$100.00 for delivery of child or children or any illness related

thereto; \$200.00 for Cesarean section including delivery or abdominal incision for extra-uterine or tubal pregnancy or any illness related thereto; \$50.00 for abortion or miscarriage or any illness related thereto.

No benefits will be payable for services rendered a newborn child during the hospital confinement of the mother.

## PART VI MISCELLANEOUS OUT-PATIENT EXPENSE-ACCIDENT

When by reason of injury for which no expense is payable under any other provision of the Policy the Insured Employee or Insured Dependents shall be necessarily treated as an Out-Patient in a hospital, clinic, physician's office, or at home within 7 days after the occurrence of such injury the Company will pay the expense of the type outlined in Part II, and physician's expense, actually incurred in that 7 day period, not to exceed in the aggregate \$25.00 for any one injury as to any one insured person.

## PART VII CATASTROPHE EXPENSE

If, on account of such injuries or disease and while in residence as an in-patient in any legally operated hospital as provided in Part I, the insured employee or insured dependents shall incur expenses of the type stipulated in Parts I, II, III, and IV hereof and which total expense is in excess of one and one-half times the aggregate amount of the claim to be paid under those Parts, the Company will pay 80% of such excess amount including charges of private, registered nurses not to exceed in the aggregate \$5,000.00 for any one claim as to any one insured employee or insured dependent. Maternity Expense, Part V, and any policy provisions not requiring hospitalization are excluded from this Part.

## PART VIII EXCLUSIONS

The insurance under the policy shall not apply to: (a) such injuries sustained or disease contracted unless hospital residence is required in the treatment thereof, except as provided under Parts IV and VI hereof; (b) refraction or expense of eyeglasses; (c) loss due to dental treatment or dental surgery, except under parts I, II and VI hereof for natural teeth; (d) injury or disease for which expense is payable under any Workmen's Compensation or Occupational Disease law or arrangement; (e) loss due to pregnancy, child-birth, abortion, miscarriage, or any illness related to any of these except as

stated under Part V; (f) care provided by a health resort or rest home; (g) care provided by a governmental agency without cost to the insured employee or insured dependents; (h) intentionally self-inflicted injury; or (i) a newborn child during the maternity confinement of the mother.

The insurance of the insured employee and/or insured dependents shall become effective at 12:01 A.M., C.S.T. on the first day of October following the date application therefor and proper remittance are received by the University. (Subject to the provisions and limitations as outlined under "Who is Eligible" starting on page 2 hereof for new employees and new dependents.)

## PART X TERMINATION OF INSURANCE

1. The insurance of the insured employee and insured dependents shall cease automatically, at 12:01 A.M., C.S.T., without need for notice to the insured employee:
  - a. At the expiration of the period for which premium has been paid;
  - b. On the date the policy terminates; or
  - c. On the anniversary date of the policy following the date the Insured Employee ceases to be an employee of the University. Employees entering retirement are eligible to continue their insurance provided they have been continuously covered under the former policy that this policy replaces, and under this policy for sixty consecutive months immediately prior to the date of retirement.
2. The insurance as respects an insured dependent of the insured employee shall cease automatically at 12:01 A.M., C.S.T., without need for notice to the insured employee:
  - a. On the date the insurance of the insured employee terminates; except that in the event of death of the insured employee, the insurance of any insured dependent of the insured employee, including spouse not remarried, shall remain in force so long as the policy remains in force and premium is properly paid by such insured dependent;
  - b. On the date such person ceases to be a dependent of the insured employee or marries;
  - c. If a child, on the anniversary date of the policy following the attainment of the age of nineteen years.

3. Upon written request for cancellation by the insured employee, premiums will be refunded computed from the first of the month following the date written request for cancellation is received by the University of Illinois, Insurance Office.
4. Termination of insurance shall be without prejudice to any claim originating prior thereto.

## **COMBINED BASIC AND CATASTROPHE PLAN . . . GROUP RATES**

	* Semi-	* Semi-	* Annual
	Quarterly (Oct., Jan., Apr., July)	Annual (Oct. & Apr.)	Annual (Oct.)
Employee only . . . . .	\$ 8.25	\$16.25	\$32.25
Employee and one dependent . . . . .	15.00	29.75	59.25
Employee and two or more dependents . . . . .	17.50	34.75	69.25

\*For premiums due, if enrolling at date other than specified call:  
EXT. 2802 AT URBANA OR EXT. 330 AT CHICAGO PROFESSIONAL COLLEGE.

### **PLEASE NOTE . . .**

1. You must elect the method of premium payment at the October premium billing date, and may not change it during the policy year.
2. New Employees must elect the method of premium payment at the time of applying for coverage; if applying at other than the dates specified above, call the Insurance Office for premium due.

IF IN DOUBT AS TO AMOUNT, CALL EXT. 2802 AT URBANA  
OR EXT. 330 AT CHICAGO PROFESSIONAL COLLEGE.

### **HOW TO PRESENT CLAIMS . . .**

1. Upon release from the hospital ask the hospital to prepare the Staff claim report (all Champaign-Urbana hospitals have a supply of these forms) and forward it along with their itemized bill to the Insurance Office, 258 Administration, Urbana. If employed at the Chicago Professional College, submit claim to the Business Office on that campus. (Do not send your bills to the Insurance Company.)

If an out-of-town hospital is involved, you may obtain the Staff claim report blank from the Insurance Office or the Business Office to be forwarded to the hospital and completed as indicated above.

2. In addition to the above, an itemized statement from your attending physician or surgeon is needed. The Staff claim is not to be completed by the physician, except in cases of outpatient treatment rendered away from a hospital.
3. Itemized statements for ambulance, anesthetist, surgical assistants, consultants, and private registered nurses, where these services are used, should also be presented.
4. Payments will be made direct to the insured employee unless the insured employee properly completes the assignment in detail on the reverse side of the Staff claim report, in which case payment will be made to the hospital and/or physician as designated in the claim report. Only the employee's own authentic signature will be honored.

## **HOW TO PARTICIPATE . . .**

The following stipulations regulating premium payment by the insured employees are under the joint supervision of the Policyholder and the Insurer.

- 1.** If you are already insured under the current University plan do not complete a new application. Premium notices and new insurance certificates will be sent automatically to present participants.
- 2.** Employees, other than those indicated in 1. above, who wish to be insured under the plan should complete the application attached and send it with the correct remittance to the Bursar's Office, Room 101E, Administration Building, Urbana or the Business Office at the Chicago Professional College.
- 3.** Coverage for applications and proper remittances received prior to October 1, 1960, will become effective on that date. Coverage for applications and proper remittance received after that date cannot be accepted until the following annual enrollment date, except that applications by new employees will be accepted if received with proper remittance within 60 days after date of employment.
- 4.** Only one premium notice will be mailed to the insured employee at each of the applicable billing dates. Failure of the insured employee to receive any such premium notices shall not be the responsibility of the University Insurance Office. The grace period indicated on the premium notice will be strictly enforced.

Insured employees whose proper remittance is not received by the end of the five day grace period will be considered as delinquent; such insured employees will receive notification thereof soon thereafter and be allowed one month from date of delinquency to make proper remittance and return to good standing, or else be lapsed from coverage, without further notice, for the remainder of the policy year. The period in which a delinquent premium will be received and honored will be strictly enforced, and repeated delinquency of premiums shall be just cause for the University to terminate coverage as to any such insured employee without right to reinstatement during the remainder of the policy year.

**5. ALL REMITTANCES SHOULD BE MADE PAYABLE TO THE  
"UNIVERSITY OF ILLINOIS."**

**6. Inquiry about this protection is welcome at the Insurance Office, 258 Administration (W) Bldg. Ext. 2802, Urbana, or at the Business Office, Ext. 330, Chicago Professional Colleges.**

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**THE APPLICATION  
on the Inside Back Cover  
is for the use of  
ONLY  
Those Employees Who Are Not As Yet  
Insured Under This  
U. of I. GROUP PLAN**

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## SCHEDULE OF SURGICAL PROCEDURES

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
<b>Abdomen and Pelvic Cavity</b>			
Cutting for diagnosis or treatment of organs therein (unless otherwise specified in this schedule) .....	\$150.00	Thigh (above knee joint) .....	112.50
Adhesions .....	150.00	Thigh, including entire hip joint .....	150.00
Appendectomy .....	150.00	<b>Breast</b>	
Bronchoscopy, one or more .....	52.50	Mastectomy, Single .....	112.50
Cholecystectomy .....	150.00	Mastectomy .....	150.00
Cholecystotomy .....	150.00	<b>Chest</b>	
Choledochostomy .....	150.00	Bronchoscopy, one or more for foreign object or biopsy .....	52.50
Colostomy .....	112.50	Cutting into thoracic cavity for diagnosis or treatment .....	60.00
Cystotomy .....	150.00	Induction of artificial pneumothorax .....	37.50
Diverticulectomy .....	150.00	Lobectomy .....	150.00
Gastrectomy .....	150.00	Pneumonectomy .....	225.00
Gastroscopy .....	52.50	Pneumolysis .....	60.00
Gastrotomy .....	150.00	Thoracotomy .....	60.00
Herniorrhaphy, Single .....	75.00	Thoracoplasty (complete) or removal of portion of lung .....	225.00
Herniorrhaphy, Double .....	112.50	<b>Cysts</b>	
Herniotomy, Single .....	75.00	Bakers .....	30.00
Herniotomy, Double .....	112.50	Bartholin .....	37.50
Hernia, Single-injection method (entire course of treatment) .....	37.50	Branchial .....	75.00
Hernia, Double-injection method (entire course of treatment) .....	56.25	Dermoid .....	52.50
Laparotomy .....	150.00	Ganglion .....	15.00
Splenectomy .....	150.00	Papillomas .....	7.50
Ulcer, Duodenal, Gastric or Peptic .....	150.00	Pilonidal .....	75.00
<b>Abdomen — female surgery</b>		Scalp or skin .....	15.00
Caruncle .....	22.50	Sebaceous .....	15.00
Cervical Polyp .....	37.50	Thyroglossal .....	75.00
Cervical Stump .....	75.00	Wen .....	15.00
Cervix, Amputation .....	75.00	<b>Dislocation, Reduction of</b>	
Cervix, Cauterization .....	22.50	Ankle, elbow, or shoulder .....	50.00
Cervix, Conization .....	37.50	Bones of hand or foot .....	20.00
Cervix, Curettage .....	22.50	Collarbone .....	20.00
Cervix, Dilatation .....	15.00	Hip or knee .....	70.00
Colporrhaphy .....	37.50	Lower Jaw or wrist .....	30.00
Cystocele .....	37.50	Patella or kneecap .....	30.00
Dilatation and Curettage .....	37.50	Thumb, finger or toes, one or more .....	20.00
Giiliam Suspension .....	150.00	For dislocations requiring an open operation, maximum reimbursement will be twice the amount shown above.	
Hymenectomy .....	22.50	<b>Ear</b>	
Hysterectomy or Panhysterectomy .....	150.00	Fenestration (one side) .....	112.50
Hysterectomy or Panhysterectomy Vaginal approach .....	75.00	Fenestration (both sides) .....	150.00
Meatus, Fulgeration of .....	7.50	Labyrinthotomy .....	225.00
Myomectomy .....	150.00	Mastoidectomy (one side) .....	112.50
Oophorectomy .....	150.00	Mastoidectomy (both sides) .....	150.00
Perineorrhaphy .....	75.00	Myringotomy .....	15.00
Salpingectomy .....	150.00	Polyps removal .....	15.00
Salpingo-oophorectomy .....	150.00	<b>Eye</b>	
Panhystero-oophorectomy .....	150.00	Cataract needling .....	52.50
Panhysterosalpingectomy .....	150.00	Cataract removal .....	75.00
Panhysterosalpingoophorectomy .....	225.00	Chalazion on eyelid .....	15.00
Rectocele .....	37.50	Corneal ulcer .....	7.50
Trachelorrhaphy .....	75.00	Detached retina .....	75.00
Urethrocele .....	37.50	Enucleation or evisceration .....	75.00
<b>Uterus —</b>		Foreign body removal .....	7.50
Retroversion or suspension, correction by abdominal approach .....	150.00	Glaucoma .....	75.00
By vaginal approach .....	75.00	Iridectomy .....	37.50
Vaginal prolapse .....	150.00	Keratotomy .....	37.50
<b>Amputation</b>		Lachrimal gland or sac .....	37.50
Entire foot, arm, forearm, or entire hand .....	75.00	Pterygium .....	30.00
Fingers or toes, each (one entire phalanx) .....	15.00	Removal of eye .....	75.00
Leg (below knee joint) .....	75.00	Sclerotomy .....	37.50
		Strabismus, one stage .....	52.50

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
Strabismus, two or more stages .....	75.00	Incision or excision for removal	
Tarsorrhaphy .....	22.50	Abscess (alveolar processes excepted) .....	22.50
<b>Reduction of Fractures</b>		Bunions (one or more) .....	22.50
Arm (upper), kneecap (patella), lower leg, (tibia, fibula), olecranon, pelvis, tibia and fibula, spine, thigh (femur) or vertebra or skull .....	100.00	Bursa .....	30.00
Arm (lower), collarbone (clavicle), jaw (Alveolar process excepted), shoulder blade (scapula) .....	50.00	Carbuncle .....	15.00
Colles fracture, radius or ulna .....	50.00	Colpocele .....	37.50
Colles fracture, wrist .....	30.00	Debridement .....	37.50
Hand, feet, sternum or wrist .....	30.00	Enterocèle .....	37.50
Nose, coccyx, rib or ribs .....	20.00	Embolectomy .....	75.00
Thumb, fingers or toes, one or more .....	20.00	Exostectomy .....	37.50
The amounts shown above are for simple fractures requiring reduction; for compound fractures the maximum amount of reimbursement will be one and one-half times the amount shown for the corresponding fracture.		Felon .....	22.50
For fractures requiring an open operation, the maximum amount of reimbursement will be twice the amount shown above for the corresponding fracture.		Foreign body under skin .....	7.50
<b>Genito-urinary</b>		Ganglion .....	15.00
Cystoscopy .....	22.50	Glyands, simple .....	15.00
Cystostomy .....	112.50	Granuloma .....	37.50
Cystotomy .....	112.50	Lipoma .....	37.50
Epididymectomy .....	52.50	Myomectomy .....	37.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted) .....	37.50	Ulcer .....	15.00
Kidney, entire removal .....	225.00	Wen .....	15.00
Kidney, cutting into for stones, infection or tumor .....	150.00	<b>Joints and bones</b>	
Nephrectomy .....	225.00	Bone Graft .....	70.00
Nephropexy .....	150.00	Cutting into ankle, elbow, hip, knee, shoulder or wrist joints for diagnosis or treatment of structures within the joint (tapping excepted) .....	80.00
Nephrotomy .....	150.00	Excision or fixation of ankle, elbow or wrist joints .....	50.00
Orchidectomy .....	52.50	Knee joint .....	150.00
Orchidopexy .....	52.50	Hip, sacroiliac or shoulder joints .....	200.00
Perineoplasty .....	75.00	Ligaments and tendons cutting operation .....	50.00
Removal of tumors or stones in bladder, kidney, or ureter by crushing, cauterization or endoscopic means .....	37.50	Ligaments and tendons	
Removal of tumors or stones in bladder or ureter by open operation .....	75.00	Grafting of tendons, one or more .....	100.00
Removal of entire prostate by open operation (complete) .....	225.00	Suturing of tendons, single .....	50.00
Removal of part of prostate by endoscopic means .....	60.00	Suturing of tendons, multiple .....	80.00
By other cutting operation .....	112.50	Patelloectomy .....	150.00
Revision bladder neck .....	112.50	Removal of knee cartilage .....	100.00
Stricture, cystoscopy for dilation to promote passage of urine .....	22.50	Removal of diseased portion of bone, including curettage (alveolar processes excepted) .....	80.00
Stricture of urethra		Removal of spurs	
Open operation .....	75.00	From finger or heel .....	30.00
Intra-urethral cutting operation .....	37.50	From hip .....	70.00
Stress urinary incontinence (Kelly ureteral plastic) .....	37.50	Removal of portion of vertebra or vertebrae (coccyx processes excepted) .....	225.00
Transurethral prostatic resection .....	60.00	Removal of part of, or all of coccyx or vertebral process .....	100.00
Varicocele, cutting operation on .....	37.50	Removal of vertebral disc .....	200.00
Vasectomy, partial only .....	22.50	Rhinoplasty .....	200.00
Vasectomy (total removal) .....	37.50	<b>Nerves and neuro-surgery</b>	
Vasotomy (an incision only) .....	22.50	Anastomosis .....	112.50
		Chordotomy (unilateral or bilateral) .....	150.00
		Cutting into cranial cavity (drill taps excepted) .....	225.00
		Decompression .....	150.00
		Laminectomy .....	225.00
		Phrenectomy .....	75.00
		Repair .....	37.50
		Rhizotomy .....	150.00
		Sympathectomy .....	150.00
		<b>Nose and throat</b>	
		Adenoideectomy .....	22.50
		Antrum puncture .....	7.50
		Antrum window .....	15.00
		Bronchoscopy, one or more (Removal foreign body or biopsy) .....	52.50
		Caldwell-luc .....	52.50
		Esophagoscopy .....	52.50
		Ethmoidectomy .....	52.50

Description of Operation	Maximum Allowance	Description of Operation	Maximum Allowance
Frontal sinus .....	52.50	Carcinoma .....	150.00
Larynx intubation .....	37.50	Fissure .....	15.00
Larynx Polyp Removal .....	22.50	Fistula .....	37.50
Laryngectomy .....	150.00	Hemorrhoids, cutting operation or injection treatment for radical cure (complete procedure) .....	
Laryngoscopy diagnostic .....	22.50	External only .....	37.50
Laryngoscopy operative .....	52.50	Internal, or internal and external .....	60.00
Ligation thyroid arteries only .....	75.00	Polyp .....	22.50
Ligation thyroid arteries (two stage operation) .....	112.50	Prolapsed rectum .....	37.50
Lobectomy .....	150.00	Rectocele .....	37.50
Neoplasma of larynx .....	112.50	Stricture of anus .....	37.50
Polyp, removal nasal .....	15.00	<b>Tumors</b>	
Polyp, removal (bilateral) .....	30.00	Benign .....	37.50
Salivary calculus, removal .....	15.00	Bladder .....	150.00
Salivary gland removal .....	52.50	Brain .....	225.00
Sinus Wash .....	7.50	Kidney .....	150.00
Submucous resection .....	52.50	Malignant of face , lip or skin .....	37.50
Sinus operation by cutting (puncture of antrum excepted) .....	52.50	Malignant, except of face, lip or skin .....	150.00
Tags, tonsil .....	15.00	<b>Varicose veins</b>	
Thyroidectomy, complete procedure, including removal of thyroid arteries .....	225.00	Cutting operation or injection treatment (Complete procedure on all veins) .....	60.00
Thyroidectomy, partial only .....	150.00	Incision of thrombosed vein .....	15.00
Tongue tie .....	15.00	Saphenous vein ligation .....	37.50
Tonsillectomy, or tonsillectomy and adenoidectomy .....	37.50	<b>Various—Miscellaneous</b>	
Tracheotomy .....	52.50	Biopsy, if no other surgery involved .....	15.00
Turbinectomy .....	22.50	Paracentesis, tapping .....	15.00
Uvulectomy .....	15.00	Radium or X-ray therapy (each treatment) ....	7.50
<b>Obstetrics</b> (See Part V, titled Maternity Expense)		Skin grafting, initial .....	37.50
<b>Rectum</b>		Each additional grafting .....	7.50
Anal crypts .....	15.00	Suturing all accidental wounds .....	7.50
Anal Dilatation .....	15.00	<b>In the event of cutting operations not specified above, an amount commensurate with similar operations will be paid.</b>	
Anoplasty .....	32.50		











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**FEDERAL LIFE INSURANCE COMPANY**  
**CHICAGO 46, ILLINOIS**